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Cap 2

Tentative  
2/11/49

FCI COUNTY PROCEDURE MANUAL

PART III - TOBACCO ACREAGE REPORT PROCEDURE FOR 1949

SUBPART A. PLANTING INTENTION REPORT PROCEDURE

SUPPLEMENT 1

(Applicable only to Hartford County, Connecticut; and Hampshire County, Massachusetts)

- A. Column 6: As Forms 919 are reviewed in the county office, the following entries shall be made in column 6:

An insurance unit number shall be entered on each line in column 6 to show which acreage(s) constitute each insurance unit. Following this operation enter in the space provided for "Remarks" the number of each insurance unit followed by a dash and the total number of acres in the unit.

- B. Computation of Annual Premium

Wherever it becomes necessary to compute the premium in order to advise the insured of the amount of premium due, the following operations shall be performed:

1. Before any computations are made the insured's share in the crop as shown in column 4 of Form 919 shall be converted to a percentage figure, (if not already shown in this manner), expressed to the nearest tenth of a percent: For example: 25.0, 33.3, 50.0, 66.7, 75.0, etc.
2. In connection with any computation, rounding shall be performed as follows: Carry the computation one digit beyond the digit to be rounded. If the extra digit is 5 or larger, round upward. If the extra digit is 4 or smaller, disregard it.
3. A separate computation shall be made for each acreage shown in column 3 of Form 919. These computations shall be performed as follows:

If no insurance unit shown on the acreage report contains 15 acres or more the premium shall be computed through column 12 as follows:

- a. Multiply the acreage (column 3) by the insured's share (expressed as a percentage in column 4) rounding the product to the nearest hundredth of an acre.
- b. Multiply the product obtained in "a" above, by the premium rate per acre (column 8) and enter the result (rounding the product as set forth above) on the corresponding line in column 12.

If one or more insurance units shown on the acreage report contains 15 acres or more, the premium shall be computed through column 12 as follows:

- a. Enter "Gross Premium" in the heading of column 9.
- b. Multiply the acreage (column 3) by the insured's share (expressed as a percentage in column 4), rounding the product to the nearest hundredth of an acre.
- c. Multiply the product obtained in "b" above, by the premium rate per acre (column 8), and enter the result (rounded as set forth above), on the corresponding line in column 9.
- d. Enter "Net Premium Percentage" in the heading of column 10.
- e. The number of acres in each insurance unit has a bearing on the total premium for the contract. Based on the table set forth below, determine the applicable net premium percentage for each insurance unit and enter such percentage figure in column 10 on each line listing data for the insurance unit.

Acres of Tobacco on the  
Insurance Unit

Net Percent of Premium

0 - 14.9	100.0
15 - 24.9	97.5
25 - 49.9	95.0
50 - and up	90.0

- f. Multiply each entry in column 9 by the entry on the same line in column 10 and enter the product, rounded to the nearest whole cent, in column 12.
4. Add the entries in column 12 and enter the sum in item A.
  5. Where the insured files his acreage report and also pays the premium for the contract in full, on or before July 31, 1949, he shall be given a 5 percent discount of the premium computed as provided above. The net amount of the premium shall be determined by multiplying the entry in item A by 95 percent. The product thus obtained will be the amount of the premium to be paid and entered in item B. The date of payment shall be entered in the space provided.

C. Completion of Form 919

Form 919 shall be completed in accordance with provisions contained in the County Procedure Manual, Part III - Tobacco Acreage Report Procedure for 1949.

## FCI COUNTY PROCEDURE MANUAL

## PART III - TOBACCO ACREAGE REPORT PROCEDURE FOR 1949

## SUBPART B. PLANTING INTENTION REPORTS

SUPPLEMENT III

(This supplement is applicable only in Coffee County, Georgia; Barren and Fleming Counties, Kentucky; all North Carolina Counties: Horry County, South Carolina; Johnson, Greene and Montgomery Counties, Tennessee; and Pittsylvania County, Virginia.)

- A. Column 6: As Forms 919 are reviewed in the county office, the following entries shall be made in column 6:

An insurance unit number shall be entered on each line in column 6 to show which acreage(s) constitute each insurance unit. Where more than one line has been used to report data for parts of an insurance unit, enter and identify in the space provided for "Remarks", the total number of acres in each insurance unit. For example: Unit 2 - 12.49 acres.

- B. Premium Discount for Excess Reserves (Applicable only to Vance and Wilson Counties, North Carolina; and to Type 22 Tobacco in Montgomery County, Tennessee.)

Following the word "Total" in item A, enter a percentage figure which shall be determined as follows:

- Where the insured had a tobacco crop insurance contract in effect in the county for the 1948 crop year (Irrespective of whether a premium was earned) this percentage shall be the applicable of the following:

Vance and Wilson Counties, North Carolina	- 70%
Montgomery County, Tennessee	- 77% (Applicable only to Type 22 Tobacco.)

- Where the insured did not have a tobacco crop insurance contract in effect for the 1948 crop year: Enter 100%.

C. Computation of Annual Premium

Wherever it becomes necessary to compute the premium in order to advise the insured of the amount of premium due, the following operations shall be performed:

- Before any computations are made the insured's share in the crop as shown in column 4 of Form 919 shall be converted to a percentage figure, (if not already shown in this manner), expressed to the nearest tenth of a percent: For example: 25.0, 33.3, 50.0, 66.7, 75.0, etc.
- In connection with any computation, rounding shall be performed as follows: Carry the computation one digit beyond the digit to be rounded. If the extra digit is 5 or larger, round upward. If the extra digit is 4 or

smaller, disregard it.

3. A separate computation shall be made for each acreage shown in column 3 of Form 919. These computations shall be performed as follows:
  - a. Multiply the acreage (column 3) by the insured's share in the crop (column 4), rounding the product to the nearest hundredth of an acre.
  - b. Multiply the product obtained in "a" above by the premium rate per acre (column 8). Enter this product, rounded as set forth above, in column 12.
  - c. Add the entries in column 12 and enter the sum in item A.

In Vance and Wilson Counties, North Carolina; and for Type 22 tobacco in Montgomery County, Tennessee, if the percentage figure in item A is less than 100, the gross premium in item A shall be encircled. The encircled figure shall be multiplied by the percentage figure and the product shall be entered beside the encircled figure, as the total net premium due under the contract.

D. Completion of Form 919

Form 919 shall be completed in accordance with provisions contained in the County Procedure Manual, Part III - Tobacco Acreage Report Procedure for 1949.

FCI COUNTY PROCEDURE MANUAL

PART III - TOBACCO ACREAGE REPORT PROCEDURE FOR 1949

SUBPART A - PLANTING INTENTION REPORT PROCEDURE

SUPPLEMENT 2

(Applicable only in Dane and Vernon Counties, Wisconsin. Supplement 1 is not applicable in these counties.)

A. Insurance Unit Numbers

As Forms 919 are reviewed in these county offices, the following entries shall be made in column 6 of each such form.

An insurance unit number shall be entered on each line in column 6, to show which acreage(s) constitute each insurance unit. Where more than one line has been used to report data for parts of an insurance unit, enter and identify in the space provided for "Remarks", the total number of acres in each insurance unit. For example: Unit 2 - 12.49 acres.

B. Computation of Annual Premiums

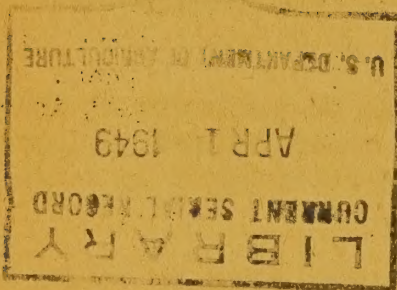
Wherever it becomes necessary to compute the premium in order to advise the insured of the amount of premium due, the following operations shall be performed:

1. Before any computations are made the insured's share in the crop, as shown in column 4 of Form 919 shall be converted to a percentage figure, (if not already shown in this manner), expressed to the nearest tenth of a percent: For example: 25.0, 33.3, 50.0, 66.7, 75.0, etc.
2. In connection with any computation, rounding shall be performed as follows: Carry the computation one digit beyond the digit to be rounded. If the extra digit is 5 or larger, round upward. If the extra digit is 4 or smaller, disregard it.
3. A separate computation shall be made for each acreage shown in column 3 of Form 919. These computations shall be performed as follows:
  - a. Multiply the acreage (column 3) by the insured's share in the crop (column 4), rounding the product to the nearest hundredth of an acre.
  - b. Multiply the product obtained in "a" above by the premium rate per acre (column 8). Enter this product, rounded as set forth above, in the corresponding line in column 12.
  - c. Add the entries in column 12 and enter the sum in item A.
  - d. Where the insured files his acreage report and also pays the premium for the contract in full on or before July 31, 1949, he shall be given

a 5% discount of the premium, computed as provided above. The net amount of the premium shall be determined by multiplying the entry in item A by 95%. The product thus obtained will be the amount of premium to be paid, and entered in item B. The date of payment shall be entered in the space provided.

C. Completion of Form 919

Form 919 shall be completed in accordance with provisions contained in the County Procedure Manual, Part III - Tobacco Acreage Report Procedure for 1949.



Tentative 2/11/49

✓ FCI COUNTY PROCEDURE MANUAL

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PART III - TOBACCO ACREAGE REPORT PROCEDURE FOR 1949

SUBPART B. PLANTING INTENTION REPORTS

SUPPLEMENT III

(This supplement is applicable only in Coffee County, Georgia; Barren and Fleming Counties, Kentucky; all North Carolina Counties: Horry County, South Carolina; Johnson, Greene and Montgomery Counties, Tennessee; and Pittsylvania County, Virginia.)

- A. Column 6: As Forms 919 are reviewed in the county office, the following entries shall be made in column 6:

An insurance unit number shall be entered on each line in column 6 to show which acreage(s) constitute each insurance unit. Where more than one line has been used to report data for parts of an insurance unit, enter and identify in the space provided for "Remarks", the total number of acres in each insurance unit. For example: Unit 2 - 12.49 acres:

- B. Premium Discount for Excess Reserves (Applicable only to Vance and Wilson Counties, North Carolina; and to Type 22 Tobacco in Montgomery County, Tennessee.)

Following the word "Total" in item A, enter a percentage figure which shall be determined as follows:

1. Where the insured had a tobacco crop insurance contract in effect in the county for the 1948 crop year (Irrespective of whether a premium was earned) this percentage shall be the applicable of the following:

Vance and Wilson Counties, North Carolina - 70%  
Montgomery County, Tennessee - 77% (Applicable only to Type 22 Tobacco.)

2. Where the insured did not have a tobacco crop insurance contract in effect for the 1948 crop year: Enter 100%.

- C. Computation of Annual Premium

Wherever it becomes necessary to compute the premium in order to advise the insured of the amount of premium due, the following operations shall be performed:

1. Before any computations are made the insured's share in the crop as shown in column 4 of Form 919 shall be converted to a percentage figure, (if not already shown in this manner), expressed to the nearest tenth of a percent: For example: 25.0, 33.3, 50.0, 66.7, 75.0, etc.
2. In connection with any computation, rounding shall be performed as follows: Carry the computation one digit beyond the digit to be rounded. If the extra digit is 5 or larger, round upward. If the extra digit is 4 or

smaller, disregard it.

3. A separate computation shall be made for each acreage shown in column 3 of Form 919. These computations shall be performed as follows:
  - a. Multiply the acreage (column 3) by the insured's share in the crop (column 4), rounding the product to the nearest hundredth of an acre.
  - b. Multiply the product obtained in "a" above by the premium rate per acre (column 8). Enter this product, rounded as set forth above, in column 12.
  - c. Add the entries in column 12 and enter the sum in item A.

In Vance and Wilson Counties, North Carolina; and for Type 22 tobacco in Montgomery County, Tennessee, if the percentage figure in item A is less than 100, the gross premium in item A shall be encircled. The encircled figure shall be multiplied by the percentage figure and the product shall be entered beside the encircled figure, as the total net premium due under the contract.

D. Completion of Form 919

Form 919 shall be completed in accordance with provisions contained in the County Procedure Manual, Part III - Tobacco Acreage Report Procedure for 1949.

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## PART III - TOBACCO ACREAGE REPORT PROCEDURE FOR 1949

## SUBPART B. PLANTING INTENTION REPORTS

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- B. Premium Discount for Excess Reserves (Applicable only to Vance and Wilson Counties, North Carolina; and to Type 22 Tobacco in Montgomery County, Tennessee.)

Following the word "Total" in item A, enter a percentage figure which shall be determined as follows:

- Where the insured had a tobacco crop insurance contract in effect in the county for the 1948 crop year (Irrespective of whether a premium was earned) this percentage shall be the applicable of the following:

Vance and Wilson Counties, North Carolina	- 70%
Montgomery County, Tennessee	- 77% (Applicable only to Type 22 Tobacco.)

- Where the insured did not have a tobacco crop insurance contract in effect for the 1948 crop year: Enter 100%.

C. Computation of Annual Premium

Wherever it becomes necessary to compute the premium in order to advise the insured of the amount of premium due, the following operations shall be performed:

- Before any computations are made the insured's share in the crop as shown in column 4 of Form 919 shall be converted to a percentage figure, (if not already shown in this manner), expressed to the nearest tenth of a percent: For example: 25.0, 33.3, 50.0, 66.7, 75.0, etc.
- In connection with any computation, rounding shall be performed as follows: Carry the computation one digit beyond the digit to be rounded. If the extra digit is 5 or larger, round upward. If the extra digit is 4 or

smaller, disregard it.

3. A separate computation shall be made for each acreage shown in column 3 of Form 919. These computations shall be performed as follows:

- a. Multiply the acreage (column 3) by the insured's share in the crop (column 4), rounding the product to the nearest hundredth of an acre.
- b. Multiply the product obtained in "a" above by the premium rate per acre (column 8). Enter this product, rounded as set forth above, in column 12.
- c. Add the entries in column 12 and enter the sum in item A.

In Vance and Wilson Counties, North Carolina; and for Type 22 tobacco in Montgomery County, Tennessee, if the percentage figure in item A is less than 100, the gross premium in item A shall be encircled. The encircled figure shall be multiplied by the percentage figure and the product shall be entered beside the encircled figure, as the total net premium due under the contract.

D. Completion of Form 919

Form 919 shall be completed in accordance with provisions contained in the County Procedure Manual, Part III - Tobacco Acreage Report Procedure for 1949.

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## PART III - TOBACCO ACREAGE REPORT PROCEDURE FOR 1949

## SUBPART B. PLANTING INTENTION REPORTS

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- B. Premium Discount for Excess Reserves (Applicable only to Vance and Wilson Counties, North Carolina and to Type 22 Tobacco in Montgomery County, Tennessee.)

Following the word "Total" in item A, enter a percentage figure which shall be determined as follows:

- Where the insured had a tobacco crop insurance contract in effect in the county for the 1948 crop year (Irrespective of whether a premium was earned) this percentage shall be the applicable of the following:

Vance and Wilson Counties, North Carolina	- 70%
Montgomery County, Tennessee	- 77% (Applicable only to Type 22 Tobacco.)

- Where the insured did not have a tobacco crop insurance contract in effect for the 1948 crop year: Enter 100%.

C. Computation of Annual Premium

Wherever it becomes necessary to compute the premium in order to advise the insured of the amount of premium due, the following operations shall be performed:

- Before any computations are made the insured's share in the crop as shown in column 4 of Form 919 shall be converted to a percentage figure, (if not already shown in this manner), expressed to the nearest tenth of a percent: For example: 25.0, 33.3, 50.0, 66.7, 75.0, etc.
- In connection with any computation, rounding shall be performed as follows: Carry the computation one digit beyond the digit to be rounded. If the extra digit is 5 or larger, round upward. If the extra digit is 4 or

smaller, disregard it.

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  - a. Multiply the acreage (column 3) by the insured's share in the crop (column 4), rounding the product to the nearest hundredth of an acre.
  - b. Multiply the product obtained in "a" above by the premium rate per acre (column 8). Enter this product, rounded as set forth above, in column 12.
  - c. Add the entries in column 12 and enter the sum in item A.

In Vance and Wilson Counties, North Carolina; and for Type 22 tobacco in Montgomery County, Tennessee, if the percentage figure in item A is less than 100, the gross premium in item A shall be encircled. The encircled figure shall be multiplied by the percentage figure and the product shall be entered beside the encircled figure, as the total net premium due under the contract.

D. Completion of Form 919

Form 919 shall be completed in accordance with provisions contained in the County Procedure Manual, Part III - Tobacco Acreage Report Procedure for 1949.

## FCI COUNTY PROCEDURE MANUAL

## PART III - TOBACCO ACREAGE REPORT PROCEDURE FOR 1949

## SUBPART B: PLANTING INTENTION REPORTS

SUPPLEMENT III

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An insurance unit number shall be entered on each line in column 6 to show which acreage(s) constitute each insurance unit. Where more than one line has been used to report data for parts of an insurance unit, enter and identify in the space provided for "Remarks", the total number of acres in each insurance unit. For example: Unit 2 - 12.49 acres.

- B. Premium Discount for Excess Reserves (Applicable only to Vance and Wilson Counties, North Carolina and to Type 22 Tobacco in Montgomery County, Tennessee.)

Following the word "Total" in item A, enter a percentage figure which shall be determined as follows:

1. Where the insured had a tobacco crop insurance contract in effect in the county for the 1948 crop year (Irrespective of whether a premium was earned) this percentage shall be the applicable of the following:

Vance and Wilson Counties, North Carolina	- 70%
Montgomery County, Tennessee	- 77% (Applicable only to Type 22 Tobacco.)

2. Where the insured did not have a tobacco crop insurance contract in effect for the 1948 crop year: Enter 100%.

C. Computation of Annual Premium

Wherever it becomes necessary to compute the premium in order to advise the insured of the amount of premium due, the following operations shall be performed:

- Before any computations are made the insured's share in the crop as shown in column 4 of Form 919 shall be converted to a percentage figure, (if not already shown in this manner), expressed to the nearest tenth of a percent: For example: 25.0, 33.3, 50.0, 66.7, 75.0, etc.
- In connection with any computation, rounding shall be performed as follows: Carry the computation one digit beyond the digit to be rounded. If the extra digit is 5 or larger, round upward. If the extra digit is 4 or

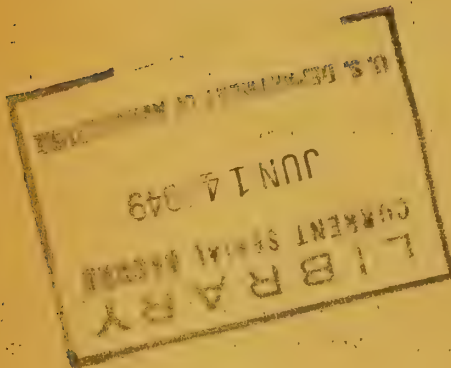
smaller, disregard it.

3. A separate computation shall be made for each acreage shown in column 3 of Form 919. These computations shall be performed as follows:
  - a. Multiply the acreage (column 3) by the insured's share in the crop (column 4), rounding the product to the nearest hundredth of an acre.
  - b. Multiply the product obtained in "a" above by the premium rate per acre (column 8). Enter this product, rounded as set forth above, in column 12.
  - c. Add the entries in column 12 and enter the sum in item A.

In Vance and Wilson Counties, North Carolina; and for Type 22 tobacco in Montgomery County, Tennessee, if the percentage figure in item A is less than 100, the gross premium in item A shall be encircled. The encircled figure shall be multiplied by the percentage figure and the product shall be entered beside the encircled figure, as the total net premium due under the contract.

D. Completion of Form 919

Form 919 shall be completed in accordance with provisions contained in the County Procedure Manual, Part III - Tobacco Acreage Report Procedure for 1949.



February 18, 1949

FCI COUNTY PROCEDURE MANUAL

PART III - TOBACCO ACREAGE REPORT PROCEDURE FOR 1949

SUBPART C

(This procedure is applicable only in Lancaster County, Pennsylvania)

SECTION I. GENERAL

A. Responsibility for Obtaining and Handling Acreage Reports

1. The insured is responsible for submitting his acreage report and this responsibility will not be assumed by the Corporation. However, through the county committee and the county office, the Corporation provides assistance to the insured in preparing and submitting his report.
2. The county committee and the county office are responsible for reviewing the acreage reports for completeness and correctness and for processing and transmitting all acreage reports to the State Crop Insurance Director.

B. Promptness in Filing and Processing the Acreage Report

Filing the acreage report immediately after planting and prompt processing of all reports is advantageous to all concerned. The insured is entitled to a 5 percent discount on his premium if the acreage report is filed and the premium is paid in full on or before July 31. Prompt filing of the acreage report fixes the terms of the contract while the tobacco crop is still subject to most of the production risks insured against. It gives the county committee the advantage of completing acreage report work and beginning premium collections at an early date.

C. Form Provided for Obtaining Acreage Reports

A four-part rediform set, Form FCI-919-T, "Tobacco Crop Insurance Acreage Report," (herein called "Form 919") is provided for the insured's use in submitting his report of planted acreage and related insurance data.

Instructions for entering data on Form 919 appear on the reverse side of the insured's copy of the form.

D. Method of Reporting Acreages and Related Data

It should be clearly understood that the insurance data entered on Form 919 constitutes the insured's report. All the information shall be entered by the insured or furnished by him and entered by the person receiving the report. If entered by the person receiving the report, the information entered shall be read to the insured and fully understood by him before his signature is affixed. Adherence to this policy will avoid cases of misunderstanding and disagreement with the report at a later date. In no case shall the insured sign the report in blank to be filled in later by the person receiving the report or by the county committee.

The name and location of the farm, as shown on the acreage report, will be used by the county office to determine the number of the area in which the farm is located on the crop insurance map. Therefore, it is important that the location of each farm be furnished by the insured, and wherever possible, that the location given be verified by the use of maps and worksheets. Where the crop insurance map is used in determining the location of the farm, the area number shall be entered immediately on the applicable line in column 7 of Form 919.

The insured shall be informed as to what land constitutes an insurance unit under the contract, and that the insurance unit forms the basis for any indemnity which may become due under the contract.

1. An insurance unit consists of all insurable acreage, considered for crop insurance purposes to be located in the county, of type 41 tobacco, in which one person has the entire interest at the time of planting or in which two or more persons have the entire interest at the time of planting, excluding any other acreage of tobacco in the county in which such persons do not have the entire interest at the time of planting.

#### E. Statement of Facts

Form FCI-6, "Statement of Facts," is mentioned several times in this procedure. Wherever this form is prepared, either by an adjuster or by the county committee, the information entered thereon shall be a full statement of the facts in the case which shall include a complete description and the dates of the efforts made and the steps taken to get the true facts, and all available information which will help to explain the case. Where the statement relates to a revised acreage report it should contain information as to how the case came to the attention of the county committee. Any such statement should be clear and complete enough that a person not familiar with the case could from the information given decide the case on its merits and to provide an adequate record should the case at a later time, after the evidence has been destroyed, involve a controversy as to the amount of the premium or the amount of any indemnity.

### SECTION II. PREPARING AND HANDLING FORMS 919

#### A. Preliminary Operations

Before the work of obtaining acreage reports is begun, a Form 919 shall be prepared for each insurance contract in the following manner:

1. Complete the heading of the form. These entries are self-explanatory.
2. The inapplicable words in the heading of column 1 shall be deleted by the county office so that the words remaining will state the information desired.
3. Where there is insufficient space to record on one Form 919 the data for all farms covered by the contract, additional forms shall be prepared and properly identified in the heading. In such cases, all the Forms 919 for the contract shall be further identified in the heading with the notation "Continuation Sheet: Page of pages." The total acreage to be planted to tobacco should be entered on the first page only.

B. Obtaining Acreage Reports

1. It is suggested that, not later than June 15, the county office send to each insured producer a letter explaining the conditions of the five percent premium discount and urging him to come to the county office at his earliest convenience to file his acreage report.
2. Where an acreage report form is mailed to the producer, the accompanying letter requesting him to complete the form and return it promptly to the county office, should include:
  - a. A reference to instructions on the back of Form 919 and any additional instructions which the committee considers desirable.
  - b. Specific instructions regarding the entry to be made in column 1.
  - c. Instructions to report the entire acreage of type 41 tobacco, and his share therein at the time of planting, for each farm in the county in which he had an interest at the time of planting. Where there is more than one insurance unit on a farm a separate line is to be used for the acreage on each unit.
  - d. Instructions to enter the word "none" in column 3, if he did not share in type 41 tobacco on any farm in the county.
  - e. A statement that it is not required that acreage be measured but that acreage figures should be reasonably accurate.
  - f. A statement that where different coverages or premium rates have been established for parts of a farm, each such part shall be clearly identified on separate lines in column 2 and the acreage of tobacco on each such part shall be entered on separate lines in column 3.
  - g. A request that the insured sign and date the form when it is completed and return it to the county office immediately.

In such cases, if the report is not returned to the county office within 15 days, it should be obtained by personal contact.

3. Acreage reports shall be obtained from non-resident insureds in the manner deemed most satisfactory.

If a Form 919 is mailed to a non-resident insured producer and is not returned within 15 days he should be sent a second request. If the report is not returned within the time specified, or does not contain necessary data, a Form 919 shall be prepared for such insured. The acreage shall be measured and the share of the insured in the crop shall be determined through inquiry. A complete statement of the facts shall be entered on Form 919 or prepared on Form FCI-6, and attached thereto. If there is any question concerning the share in the crop or the number of farms, as shown on Form 919, the county committee shall verify this information with the insured.

4. Where it is necessary to inspect the crop in order to obtain the acreage report because the insured either failed to submit it within the specified time, or refused to do so, the report should be transmitted to the State Director without delay, together with a complete statement of facts on Form FCI-6, even though the signature of the insured cannot be obtained.

C. Review and Completion of Form 919

1. Review

All entries on the form shall be reviewed to determine that they are correct and complete. Information necessary for proper identification of insurance units should receive particular attention.

Where a farm, or part thereof, for which no coverage has been established is listed on an acreage report, all such data shall be deleted by drawing a line through the entries in columns 1 through 5. A statement that the farm, or part thereof, has no coverage established for it shall be written on the corresponding line beginning with column 7. In all such cases the insured shall be advised by letter of the description of such acreage, and that the acreage so described is not insured. He shall also be advised that the production from this acreage will not be considered in any manner under the contract, provided the insured maintains separate acceptable records of production and sale of the tobacco from this acreage and the tobacco from the insured acreage.

2. Completion

After Form 919 has been reviewed and is found to be complete and acceptable with respect to the information submitted by the insured, it shall be completed as follows:

- a. An insurance unit number shall be entered on each line in column 6 to show which acreage(s) constitute each insurance unit. Where more than one line has been used to report data for parts of an insurance unit, enter and identify in the space provided for "Remarks", the total number of acres in the insurance unit. For example: Unit 2 - 12.49 acres.
- b. For each acreage shown in column 3, enter on the corresponding line in column 7 the applicable area number as shown on the county actuarial table, unless the entry was made earlier. It is most important that the correct area number be entered.
- c. Enter on each line of column 8 the premium rate per acre applicable to the area number shown in column 7.
- d. Wherever it becomes necessary to compute the premium in order to advise the insured of the amount of premium due, the following operations shall be performed:

- (1) Before any computations are performed the share in the crop as shown in column 4 shall be converted to a percentage figure (if not already shown in this manner), expressed to the nearest tenth of a percent; i.e., 25.0, 33.3, 50.0, 66.7, 75.0, etc. Where a fractional share has been entered, the percentage figure should be entered above or beside the fractional share.
  - (2) In connection with any computation, rounding shall be performed as follows: Carry the computation one digit beyond the digit to be rounded. If the last digit is 5 or larger, round upward; if the last digit is 4 or smaller, disregard it. The results of computations are to be expressed in hundredths of acres, whole pounds, or cents.
  - (3) The entry for each line of column 12 shall be obtained as follows: (1) Multiply the acreage (column 3) by the share (column 4) (rounding the product as set forth above) and (2) multiply the result obtained by the premium rate per acre (column 8) (rounding the product as set forth above).
  - (4) Add the entries in column 12 and enter the sum in item A. Where the premium is not paid on or before July 31, 1949, this entry will constitute the total premium due under the contract.
  - (5) Where the insured files his acreage report and also pays the premium for the contract in full, on or before July 31, 1949, he shall be given a five percent discount of the premium computed as provided above. The net amount of the premium shall be determined by multiplying the entry in item A by 95 percent. The product thus obtained will be the amount of the premium to be paid, and entered in item B. The date of payment shall be entered in the space provided.
- e. After all the entries required above have been made on Form 919, they shall be checked for accuracy. Any corrections shall be made by drawing a line through the incorrect entry and entering the correct data.

### 3. Certification

A representative of the county committee shall sign and date the certification in the spaces provided.

### D. Requests for Revision of Insurance Data Originally Reported

#### 1. Decrease in Acreage

- a. Tobacco Destroyed or Substantially Destroyed at a Time that the Acreage Could be Replanted to Tobacco, and such Acreage was not Replanted to Tobacco

Where a Form 919 is submitted before it is too late to plant tobacco in the area, and the insured later states in writing that

any part of the acreage originally reported by him as planted was destroyed or substantially destroyed at a time that it could be replanted and such acreage was not replanted to tobacco, the committee should request an adjuster to investigate the case. The adjuster shall inspect the insurance unit and if the statement of the insured is found to be correct and the tobacco acreage remaining for harvest approximates the acreage stated by the insured as his revised report of his acreage, a Form 919 shall be prepared in the regular manner provided in this procedure, and the word "revised" shall be entered in the heading thereof. In these cases, the adjuster shall prepare, date, and sign a statement of facts, on Form FCI-6, which shall be attached to the Form 919.

If the Form 919 originally submitted by the insured has not been transmitted to the State Director, the "revised" Form 919 shall be attached to the original Form 919 submitted by the insured and transmitted therewith. If the Form 919 originally submitted by the insured has been transmitted to the State Director, the "revised" Form 919 shall be transmitted as soon as possible.

b. Other Reduction in Acreage

After a Form 919 has been submitted to the county office, the acreage(s) reported thereon cannot be increased without approval by the Corporation. Except as provided in paragraph a, above, the acreage reported on Form 919 may not be decreased upon his request unless it is accurately measured and is found to be less than the reported acreage. If the insured desires that such measurement be made, he shall deposit in advance with the county association sufficient funds to defray the estimated cost of measurement. The amount of such deposit shall be determined by the committee and no part thereof will be refunded. A representative of the committee shall measure the acreage and if it is found to be less than the reported acreage, a "revised" Form 919 shall be prepared and handled in the manner provided in paragraph a, above, except that the statement of facts shall be signed and dated by the committee representative who measures the acreage. In no case shall the acreage be measured by a representative of the committee unless the insured requests such measurement and pays the cost of measurement.

2. Increase in Number of Farms or Substantial Increase in Acreage, or Change in Interest Originally Reported

The acreage originally reported by the insured for a farm may not be increased, nor may acreage for a farm not shown on the original report be insured, nor may the share of the insured in the crop be changed, without the approval of the Corporation. In each case of this kind which comes to the attention of the county committee, where the error is significant, a written record of the pertinent facts shall be prepared by the county committee on Form FCI-6 and sent to the State Director for his consideration, and further investigation where necessary, or a request for submission of a "revised" acreage report, or rejection of the request. A "revised" acreage report need not be prepared until requested by the State Director.

SECTION III. TRANSMITTAL AND DISTRIBUTION OF FORMS 919

A. Time and Manner of Transmittal

Transmittal of completed Forms 919 shall be made currently in full transmittals, but at least once each week. The completed Forms 919 shall be listed on Form FCI-15, "Transmittal of---," (herein called "Form 15") as provided in subsection B below.

B. Preparation of Form 15

Form 15 shall be prepared as follows:

1. Enter the state and county code.
2. Enter "Forms 919-T" following the words "Transmittal of\_\_."
3. No entry shall be made in the space provided for "Price card serial number," and "Basic market or area."
4. Enter "tobacco" in the space provided for the name of the insured crop.
5. Enter the transmittal number which shall be assigned consecutively to Form 15 beginning with number 1. Following the transmittal number assigned to the Form 15 prepared in connection with the last Forms 919 transmitted shall be entered the word "final".
6. Enter the date the Form 15 is prepared.
7. Enter in column (A) in numerical order the contract numbers of all Forms 919 being transmitted on the same Form 15.
8. Following the related contract number in column (A), enter in column (C) the name of the insured as shown on Form 919.
9. Enter in column (H) any remarks deemed advisable.
10. No entries shall be made in columns (B), (D), (E), (F), and (G).
11. An authorized representative of the county committee shall sign Form 15 in the space provided.

C. Transmittal of "Revised" Forms 919

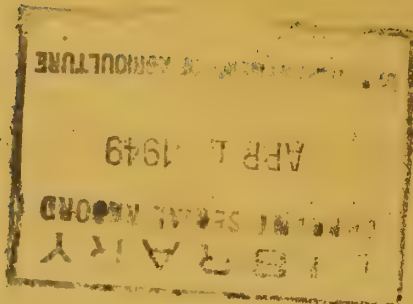
1. When the Form 919 originally submitted by the insured has been transmitted to the State Director and a "revised" Form 919 is prepared, the "revised" Form 919 shall be listed in the regular manner on a Form 15 marked "Supplemental" in the space provided for transmittal number. No transmittal number shall be assigned to Form 15 for such cases.
2. As a cross-reference, enter in column (H) of the "supplemental" Form 15 the transmittal number assigned to the Form 15 upon which the original Form 919 was transmitted.

D. Distribution of Forms

1. The branch office and state office copies of Forms 15 and 919 and any related statements of facts shall be forwarded to the state office.
2. The county office copy of Forms 15 and 919 and a copy of any related statements of facts shall be retained in the county office files.
3. If the insured has not been furnished his copy of Form 919, it shall be forwarded to him.

E. State Office Exceptions to Form 919

Any errors on the Form 919 listed on a transmittal will be noted on a schedule of exceptions prepared by the state office, a copy of which will be sent to the county office. When the county office receives the copy of the schedule of exceptions, the related Form(s) shall be corrected accordingly.



February 15, 1949

UNITED STATES DEPARTMENT OF AGRICULTURE  
Federal Crop Insurance Corporation

FCI - County Procedure Manual

Part III - Cotton County Acreage Report Procedure for 1949

(This procedure is applicable in all cotton counties except Limestone and Madison Counties, Alabama; both North Carolina Counties; Anderson County, South Carolina; and all Texas Counties.)

SECTION I. GENERAL

A. Responsibility for Obtaining and Handling Acreage Reports

1. The insured is responsible for submitting his acreage report, and this responsibility will not be assumed by the Corporation. However, through the county committee and the crop insurance adjusters, the Corporation provides assistance to the insured in preparing and submitting his report. The nature of this assistance is outlined in paragraph 2, below.

The insured, as well as persons engaged in acreage report work, should recognize the importance of filing the acreage report as soon as possible after planting is completed. Early filing of the acreage report is advantageous to all concerned since it fixes the terms of the contract (the acreage and the share in the crop to be insured) before many of the production risks are experienced.

2. The responsibilities of the county committee and the crop insurance adjusters in connection with acreage report work are as follows:
  - a. The county committee is responsible for all office work necessary for obtaining and completing an acreage report for each contract and for transmitting these reports promptly to the state crop insurance director. The committee shall obtain acreage reports from non-resident insureds (except as provided in Section II, Part I, Subsection E hereof) in a manner determined by it to be most satisfactory. Section II, Part I, Subsection C hereof contains suggestions in this connection. The committee shall also obtain an acreage report from each insured who visits the county office and who has not already submitted his acreage report to an adjuster.
  - b. Adjusters are responsible for performing all field work necessary for obtaining these acreage reports, which shall be obtained where possible at the same time the preliminary inspection of the growing crop is made. Adjusters shall obtain acreage reports by personal contact from all resident insureds, except in those cases where the committee obtains the reports. The completed reports shall be submitted currently to the committee who shall arrange to review them with the adjuster for completeness and correctness. If any of these reports are incomplete or are incorrect the necessary information shall be obtained from the insured by mail if possible. If this is not possible, the report(s) shall be returned to the adjuster for completion or correction.

B. Form Provided for Obtaining Report

1. A four-part Rediform set, Form FCI-919-C, "Cotton Crop Insurance Acreage Report," (herein called "Form 919") is provided for the insured's use in filing his acreage report.
2. Instructions to the insured for entering data on Form 919 appear on the reverse side of the insured's copy thereof.

C. Method of Reporting Acreage and Related Data

1. It should be clearly understood that the insurance data to be entered on Form 919 by the insured constitutes his report. All of this information shall be entered by him, or furnished by him and entered by the person taking the report. If entered by the person taking the report, the information entered shall be read to the insured and fully understood by him before his signature is obtained. Adherence to this policy will avoid cases of misunderstanding and disagreement with the report at a later date. In no case shall the insured sign the report in blank to be filled in later by the person taking the report or by the county office.

The name and location of each farm as shown on Form 919 will be used by the county office to determine the number of the coverage and rate area in which the farm is located on the crop insurance map and by the Corporation in determining the acreage which the insured intended to report, in the event of a controversy at a later date. Therefore, it is important that the location of each farm be furnished by the insured and, wherever possible, that the location given be verified by the use of maps, and worksheets, where applicable. Where the crop insurance map is used in determining the location of the farm, the area number shall be entered immediately on the applicable line in column 8 of Form 919.

2. The insured shall be informed as to what land constitutes an insurance unit under the contract and that the insurance unit forms the basis for payment of any indemnity.

He shall be fully informed of the applicable of the following provisions which describe his insurance unit(s):

- a. For an owner-operator all insurable acreage in the county in which he has 100 percent interest at the time of planting plus any acreage owned by him and worked for him by sharecroppers at the time of planting is one insurance unit.
- b. For a landlord all insurable acreage in the county which is owned by him and rented to one tenant at the time of planting is one insurance unit.
- c. For a tenant all insurable acreage in the county which is owned by one person and operated by the tenant at the time of planting is one insurance unit. "Operated by the tenant" includes operations with his own labor, wage hands or sharecroppers or any combination.

- d. For a sharecropper all insurable acreage in the county which is owned by one person and worked by the sharecropper at the time of planting is one insurance unit.

In case of land rented for cash or for a fixed commodity payment the lessee is considered the owner. In some cases an insured may have one or more insurance units as a landlord or owner-operator and in addition he may work additional land as a tenant or as a sharecropper. It is important that this information regarding the acreage which constitutes an insurance unit as it applies to his operation be clearly understood by the insured and the person assisting him so that the Form 919 will show in columns (1) through (6) the information necessary for proper designation of insurance units.

Where the acreage reported in column 3 of Form 919 is only a part of the cotton acreage on the farm described in column 2, the insured shall also describe in column 2 the location on the farm of such acreage. This is necessary so that in the future there will be no question concerning the acreage which the insured intended to report.

3. The acreage reported by the insured as planted should be carefully estimated but need not be measured. In the event of a loss, the acreage will be accurately determined, and if it is less than the reported acreage, the premium will be recomputed and the loss will be settled accordingly.

The acreage reported by the insured cannot be increased after his report is submitted to the county office, without the approval of the Corporation. It may be decreased only as provided in Section II, Part II, Subsection C of this procedure.

## SECTION II. PREPARING AND HANDLING FORM 919

### PART I - OBTAINING FORM 919

#### A. County Office Preliminary Operations

Before the work of obtaining acreage reports is begun, a Form 919, shall be prepared for each insurance contract as follows:

1. Complete the heading, which is self-explanatory. If the address of the insured is not the same as that shown on the contract the notation "note change of address" shall be entered in the space provided for "remarks."
2. The inapplicable words in the heading of column (1) shall be deleted so that the words left will state the information to be entered.
3. When there is insufficient space to record on one Form 919 the data for all farms covered by the contract, additional Forms 919 shall be prepared and identified in the heading as provided above. In such cases all Forms 919 for the contract shall be further identified in the heading with the notation "Continuation Sheet: Page \_\_\_\_ of \_\_\_\_ pages." The total acreage planted to cotton should be entered on the first form only in such cases.

4. No further entries shall be made on Form 919 at this time.

B. Obtaining Acreage Reports

1. Upon completion of the above operations, the Forms 919 for all resident insureds (except those already obtained by the committee) shall be assigned to adjusters. Information and instructions which may be helpful to adjusters are included in subsections C, D, E and F of this Part. Each adjuster should carry a supply of blank Forms 919 in order that he may obtain an acreage report from any insured contacted by him who is farming in his area and for whom he was not given a Form 919 by the committee, provided such insured has not already submitted an acreage report. When the insured refuses to submit an acreage report, the adjuster should measure the acreage and prepare a Form 919, together with Form FCI-6, "Statement of Facts." Where he is not allowed to measure the acreage or is unable to get other necessary information the adjuster shall prepare a Form FCI-6 which shall include, where possible, an estimate of the acreage planted to cotton, as well as other necessary insurance data. Where a Form FCI-6 is prepared it shall be attached to the related Form 919.
2. The committee shall maintain a record showing the name of the insured and the contract number for all Forms 919 assigned to each adjuster. This record should be used as a control over the progress of obtaining acreage reports. Upon receipt of an acreage report from an adjuster for an insured not assigned to him, the adjuster to whom such report had been assigned shall be advised accordingly.
3. The Forms 919 for all non-resident insureds should be forwarded to them by mail accompanied by a letter which should include the points outlined in subsection C, below.

Where a non-resident insured does not submit a completed and signed Form 919 within a reasonable period of time (not to exceed 15 days after the date of the letter mailed to him,) he should be sent a second request. If the report is not submitted within the time specified or does not contain necessary insurance data, the committee shall request an adjuster to prepare a Form 919 for such insured. In such cases the adjuster should measure the acreage and determine the share of the insured in the crop by inquiry. The adjuster shall prepare a Form FCI-6 which shall be attached to the related Form 919. If there is any question concerning the share in the crop or the number of farms as shown on the Form 919 prepared by the adjuster, the committee shall verify this information with the insured.

C. Instructions to Insured Regarding Entries to be Made by Him.

1. In connection with the filing of Form 919 the insured should be instructed as follows:
  - a. Form 919 should be prepared in accordance with the instructions set forth on the reverse side of the insured's copy.
  - b. He should report his acreage and his share therein as of the time of planting. It is not required that the acreage be

measured but it should be reasonably accurate, since neither the acreage nor the share in the crop reported by the insured can be increased by him after the report is submitted, without the approval of the Corporation.

- c. If all or a part of the insured crop was transferred to another person after planting, the report should be completed and signed without regard to the transfer. In such cases the insured shall furnish the name and address of each person to whom any of the crop was transferred and the number of acres and the share in the crop transferred to each such person. In addition, both the transferee and transferor should contact the county office promptly and execute Form FCI-21, Revised, "Transfer of Interest."
- d. If the insured did not share in any cotton on any farm in the county at the time of planting, the word "none" shall be entered in the space provided for entering the total acreage planted. In addition, where cotton was planted but was destroyed at a time that it was practical to replant the land to cotton but no acreage was replanted, this information shall be entered in the space provided for "Remarks". In either of these cases the insured shall sign and date the form.

D. Signature of Person Assisting Insured in Preparing Form 919.

The person who assists the insured in preparing Form 919 shall enter the date and affix his signature in the space provided for signature of Corporation representative. If the person is not an employee of the Corporation the words "Corporation Representative" shall be deleted and the correct title may be entered.

E. Cases Where Parts of the Insurance Unit are Located in Different Areas

1. In every case of a non-resident insured where parts of an insurance unit are located in different areas, the committee shall request an adjuster to obtain the acreage report. Such acreage reports shall be obtained and handled in the manner provided in subsection B, 3, above.
2. In cases covered by the preceding paragraph and in all other cases where parts of an insurance unit are located in different areas, the acreage planted to cotton in each area must be listed on a separate line in column 3 and clearly identified by separate description in column 2 of Form 919.

F. Cases Where Insured Cannot Be Located

Where the insured or any cotton acreage in which he has an interest cannot be located after a reasonable effort has been made, a Form 919-C shall be prepared as provided in subsection A, above and a statement of the facts in the case shall be entered in the space provided for "Remarks," and the form transmitted in the usual manner. In such cases the state director may elect to declare the insured acreage to be "0".

PART II. REVIEW AND COMPLETION OF FORM 919

A. Review

1. Upon receipt of Form 919 from the insured it shall be examined to determine that the Form 919 covers each farm on which the insured is known to have a share in a cotton crop and that the acreage(s) reported by the insured is all of the acreage in which he has a share on each farm covered by the contract, and that all entries appear to be correct and reasonable. This may be checked against Form FCI-24 or other data or information available. In making this examination if it is found that no coverage has been established for all or a part of the cotton acreage which is reported on Form 919 by the insured, a line shall be drawn through the entries in columns 2 through 6 for such acreage, and a statement indicating that the farm (or part thereof) has no coverage established for it shall be written on the corresponding line beginning in column 8. In addition the insured shall be advised by letter of the description of the cotton acreage for which no coverage was established and that such acreage is not insured. The insured shall also be advised that the production from this acreage will not be considered in any manner under the contract (provided the insured keeps the production on such acreage separate from that of the insured acreage).
2. The following review of Form 919 shall be performed:
  - a. Determine that entries in column 1 and 2 are adequate to identify the farm (or applicable part thereof where different coverages or premium rates apply to parts of the farm). Determine that each entry in columns 1 and 2 describes only one farm, or part thereof. The farm will be that land generally considered as a farm in the community. Where the land described on one line in columns 1 and 2 includes more than one farm, or is not limited to a part thereof where separate data is needed for the part, a new Form 919 shall be obtained showing the necessary information for all acreages covered by the contract. If there is no entry in column 1 and the entry in column 2 is adequate, no action need be taken to obtain an entry in column 1.
  - b. Determine that there is an entry at the top of Form 919 for total acres planted and that an acreage has been entered in column 3 for each farm (or part thereof) described in columns 1 and 2. Determine that the entry for total acres planted does not differ materially from the sum of the entries in column 3. If there is a material difference or if it is believed that erroneous acreages have been reported a new Form 919 showing the correct information for all acreages covered by the contract shall be obtained to replace the original Form 919.
  - c. Determine that a share has been entered on the corresponding line in column 4 for each acreage shown in column 3. If the share entered in column 4 for an acreage shown in column 3 is less than 100 percent, determine that the name of the other person sharing in the acreage (or the notation "sharecropper," where applicable) has been entered in column 5 and that the appropriate symbol has been entered in column 6 indicating the tenure of the other person sharing in the acreage.

d. Where more than one line of the acreage report has been used, an insurance unit number shall be entered on each line in column 7 to show which acreage(s) constitute each insurance unit. Where more than one line has been used to report data for an insurance unit, enter and identify in the space provided for "Remarks" the total number of acres in the insurance unit. For example: Unit 2 -- 60 acres.

e. Determine that Form 919 has been dated and signed by the insured and that the signature agrees with the name in the heading. If it does not agree and the signature is that of a legal representative or legal entity, the difference shall be fully explained in the space provided for "Remarks," or Form FCI-6 shall be prepared and attached.

Where the signature of the insured varies from the way his name is shown in the heading of the form, a statement to the effect that the person signing is the same person whose name appears in the heading shall be entered in the space provided for "Remarks".

Where the signature of the insured cannot be obtained, such as in cases where the insured has disappeared, a statement of the facts shall be entered in the space provided for "Remarks", or Form FCI-6 shall be prepared and attached. Where Form FCI-21-Revised, "Transfer of Interest," has been prepared in such cases it shall be attached to the Form 919.

f. If there is reason to doubt the correctness of the information shown on any Form 919, an adjuster should be requested to investigate the case. Particular attention should be given to reports showing no acreage planted.

In each case investigated, the adjuster shall prepare Form FCI-6 which shall be attached to Form 919. Where the investigation reveals that the insured under-reported the acreage, the share in the crop, or the number of insurance units, the adjuster shall handle the case in accordance with Part I, subsection B, 1, of this Section.

## B. Completion

1. After Form 919 has been reviewed and is found to be complete and acceptable with respect to the information submitted by the insured, it shall be completed as follows:

Column 8: For each acreage shown in column 3 enter on the correspondingly numbered line in column 8 the area number applicable thereto.

Column 9: Enter on each line the premium rate applicable to the area number shown in column 8.

## 2. Computation of the Premium

Wherever it becomes necessary to compute the premium in order to advise the insured of the amount of premium due, the procedure set forth in Section III hereof shall be followed.

### 3. Certification

- a. After the entries required above have been made on Form 919, they shall be checked against their source. Any corrections required shall be made by drawing a line through the incorrect entry and entering the correct figure.
- b. A representative of the county committee shall certify to the correctness and completeness of the data appearing on Form 919 by signing in the space provided. The date of such signature shall be entered.

### C. Requests for Revision of Insurance Data Originally Reported

#### 1. Decrease in Acreage

- a. Cotton destroyed or substantially destroyed at a time that the acreage could be replanted to cotton and such acreage was not replanted to cotton. Where a Form 919 is submitted before it is too late to plant cotton in the area, and the insured later states in writing that any part of the acreage originally reported by him as planted was destroyed or substantially destroyed at a time that it could be replanted and such acreage was not replanted to cotton, the committee should request an adjuster to investigate the case. The adjuster shall inspect the insurance unit and if the statement of the insured is found to be correct and the cotton acreage remaining for harvest approximates the acreage stated by the insured as his revised report of his acreage, a Form 919 shall be prepared in the regular manner provided in this procedure, and the word "revised" shall be entered in the heading thereof. In these cases, the adjuster shall prepare Form FCI-6 which shall be attached to the "revised" Form 919.

If the Form 919 originally submitted by the insured has not been transmitted to the state director, the "revised" Form 919 shall be attached to the original Form 919 submitted by the insured and transmitted therewith. If the Form 919 originally submitted by the insured has been transmitted to the state director, the "revised" Form 919 shall be transmitted as soon as possible.

#### b. Other Acreage Changes

After a Form 919 has been submitted to the county office, the acreage(s) reported thereon cannot be increased without approval by the Corporation. Except as provided in paragraph a, above, the acreage reported on Form 919 may not be decreased upon the insured's request unless it is accurately measured and is found to be less than the reported acreage. If the insured desires that such measurement be made, he shall deposit in advance with the county association sufficient funds to defray the estimated cost of measurement. The amount of such deposit shall be determined by the committee and no part thereof will be refunded. A representative of the committee shall measure the acreage and if it is found to be less than the reported acreage, a "revised"

Form 919 shall be prepared and handled in the manner provided in paragraph a, above, except that the Form FCI-6 shall be prepared by the committee representative who measures the acreage. In no case shall the acreage be measured by a representative of the committee unless the insured requests such measurement and pays the cost of measurement.

2. Increase in Number of Farms or Substantial Increase in Acreage, or Change in Interest Originally Reported.

The acreage originally reported by the insured for a farm may not be increased nor may acreage for an additional farm be added, nor may the share of the insured in the crop be changed without the approval of the Corporation. In each case of this kind which comes to the attention of the county committee where the requested revision is significant, a written record of the pertinent facts shall be prepared by the county committee, which shall include a description of how the case arose. This statement of facts shall be prepared in duplicate, the original of which shall be sent to the state director for his consideration and further investigation where necessary, and assignment of the case to an adjuster for inspection and the preparation of a "revised" acreage report, where applicable, or a rejection of the case. A "revised" acreage report in cases of this kind need not be prepared until so requested by the state director.

SECTION III. COMPUTATION OF THE ANNUAL PREMIUM

Wherever it becomes necessary to compute the premium in order to advise the insured of the amount of premium due, the following operations shall be performed:

1. Before any computations are made the share in the crop as shown in column 4 shall be converted to a percentage figure, (if not already shown in this manner), expressed to the nearest tenth of a percent; i.e., 25.0, 33.3, 50.0, 66.7, 75.0 etc.
2. In connection with any computation, rounding shall be performed as follows: Carry the computation one digit beyond the digit to be rounded. If the last digit is 5 or larger, round upward; if the last digit is 4 or smaller, disregard it. The results of computations are to be expressed in tenths of acres, whole pounds, or cents.
3. Delete either "pounds or" or "or dollars" whichever is not applicable.
4. Column 10: The entry for each line of column 10 shall be obtained as follows: (a) multiply the acreage (column 3) by the share (column 4) (rounding the product as set forth above) and (b) multiply the result obtained by the premium rate per acre (column 9) (rounding the product as set forth above).
5. Further computations of the annual premium through item A (Total premium) shall be made in accordance with the applicable of paragraphs a or b below:
  - a. If no insurance unit shown on the acreage report contains 50 acres or more: Add the entries in column 10 and enter the sum in item A, column 12.

- b. If one or more of the insurance units shown on the acreage report contains 50 acres or more, the following operations shall be performed:

- (1) The number of acres in each insurance unit has a bearing on the total premium for the contract. Based on the table set forth below, determine the applicable net premium percentage for each insurance unit and enter such percentage figure in column 11 on each line listing data for the insurance unit.

<u>Acres</u>	<u>Net Premium Percentage</u>
0.- - 49.9	100
50.0 - 99.9	98
100.0 - 149.9	96
150.0 - 199.9	94
200.0 - 249.9	92
250.0 - 299.9	90
300.0 - 349.9	88
350.0 - 399.9	86
400.0 - 449.9	84
450.0 - 499.9	82
500.0 - over	80

- (2) Multiply each entry in column 10 by the percentage figure on the same line in column 11 and enter the product (rounded as set forth above) in column 12.
- (3) Add the entries in column 12 and enter the sum in item A, column 12.

6. Premium computations shall be completed as follows:

- a. If partial insurance protection applies to the contract, multiply the entry in item A, column 12, by 50 percent and enter the product, (rounded as set forth above) in item B, column 12.

- b. The cash premium shall be determined as follows:

- (i) In monetary coverage insurance counties the cash premium appears in item A, column 12, or item B, column 12, if there is partial insurance protection.
- (ii) In commodity coverage insurance counties to determine the cash premium, multiply the entry in item A, column 12, or item B, column 12, if there is partial insurance protection, by the fixed price established by the Corporation for the county.

7. Verification of Computations

After all the entries required above have been made on Form 919, they shall be checked for accuracy. Any corrections shall be made by drawing a line through the incorrect entry and entering the correct data.

SECTION IV. TRANSMITTAL AND DISTRIBUTION OF FORMS 919

A. Time and Manner of Transmittal

Transmittal of completed Forms 919 shall be made currently in full transmittals, but at least once each week. The completed Forms 919 shall be listed on Form FCI-15, "Transmittal of \_\_\_\_\_," (herein called "Form 15") as provided in subsection B below.

B. Preparation of Form 15

Form 15 shall be prepared as follows:

- a. Enter the state and county code.
- b. Enter "Forms 919-C," following the words "Transmittal of - - -."
- c. Enter "cotton" in the space provided.
- d. Enter the transmittal number which shall be assigned consecutively to Form 15 beginning with number 1. Following the transmittal number assigned to the Form 15 which is prepared in connection with the last Forms 919 transmitted shall be entered the word "Final."
- e. Enter the date the Form 15 is prepared.
- f. Enter in column (A) in numerical order the contract numbers of all Forms 919 being transmitted on the date indicated.
- g. Following the related contract number in column (A) enter in column (C) the name of the insured as shown on Form 919.
- h. Enter in column (H) any remarks deemed advisable.
- i. No entries shall be made in the space provided for "Price Card Serial Number" and "Basic market or area" or in columns (B), (D), (E), (F), and (G).
- j. An authorized representative of the county committee shall sign Form 15 in the space provided.

C. Transmittal of "Revised" Forms 919

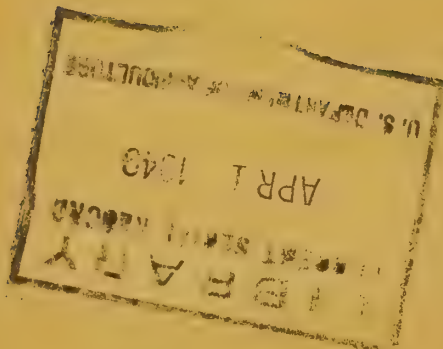
1. When the Form 919 originally submitted by the insured has been transmitted to the state director and a "revised" Form 919 is prepared, the "revised" Form 919 shall be listed in the regular manner on a Form 15 marked "supplemental" in the space provided for transmittal number. No transmittal number shall be assigned to Form 15 for such cases.
2. As a cross-reference, enter in column (H) of the "supplemental" Form 15 the transmittal number assigned to the Form 15 upon which the original Form 919 was transmitted.

D. Distribution of Forms

1. The branch office and state office copies of Forms 15 and 919 and the original and first carbon of Form 6 shall be forwarded to the state office.
2. The county office copy of Forms 15 and 919 and the second carbon of Form 6 shall be retained in the county office.
3. If the insured has not been furnished his copy of Form 919, it shall be forwarded to him.

E. State Office Exceptions to Form 919

Any errors on the Forms 919 listed on a transmittal will be noted on a schedule of exceptions prepared by the state office, a copy of which will be sent to the county office. When the county office receives the copy of the schedule of exceptions, the related Form(s) 919 shall be corrected accordingly.



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UNITED STATES DEPARTMENT OF AGRICULTURE  
Federal Crop Insurance Corporation

FCI COUNTY PROCEDURE MANUAL

PART III - COTTON ACREAGE REPORT PROCEDURE FOR 1949

SUBPART C. - REGULAR ACREAGE REPORT PROCEDURE

(This procedure is applicable only in Limestone and Madison Counties, Alabama; both North Carolina Counties; Anderson County, South Carolina; and all Texas Counties. Subpart B is not applicable in Grayson, Hill, Navarro, and Red River Counties, Texas. Subpart A is not applicable in all other counties.)

SECTION I. GENERAL

A. Manner of Obtaining Acreage Reports

1. Planting Intention Reports

Instructions for obtaining a planting intention report from each applicant at the time the application was signed and from each insured under carry-over contracts are contained in Subpart A or Subpart B of this procedure, whichever applies to the particular county. Form FCI-919-C(P), "Cotton Crop Insurance Acreage Report (Planting Intention Report)" (herein called "Form 919-C(P)") was used for this report and is on file in the county office for essentially all contracts.

2. Verification of Planting Intention Report

As soon as cotton planting is generally completed in the county, the insured shall be mailed his copy of Form 919-C(P) together with a letter giving him an opportunity to make any necessary revisions in this report. This letter will advise the insured (a) that if any of the information shown on the Form 919-C(P) is incorrect and he desires to make the necessary revisions, he must contact the county office within 15 days of the date of such letter and (b) that if he does not contact the county office within the 15-day period, the information shown on Form 919-C(P) will be used as the basis for determining coverage and premium for the contract.

3. Requests for Revision in Insurance Data Received Within 15 Days After the Date of the Letter to the Insured

Where the insured notifies the county office of a revision in any of the insurance data shown on Form 919-C(P) within the 15-day period, Form FCI-919-C, "Cotton Crop Insurance Acreage Report" (herein called "Form 919-C") shall be prepared as provided in Section II hereof showing complete information for all farms covered by the contract.

4. Requests for Revision in Insurance Data Received More Than 15 Days After the Date of the Letter to the Insured

If, after the 15-day period has elapsed, a request is received from an insured for a revision of any of the insurance data shown on Form 919-C(P) and the requested revision is significant, the county office shall make a record of the request, including all the details and submit the case in duplicate to the state director,

for his consideration and further investigation where necessary, and assignment of the case to an adjuster for inspection and the preparation of a "revised" acreage report on Form 919-C where applicable or a rejection of the case. A "revised" acreage report in cases of this kind need not be prepared until so requested by the state director.

5. Cases Where Form 919-C(P) was not Obtained

In cases where a Form 919-C(P) was not obtained, the necessary acreage report shall be obtained from the insured immediately after planting. Form 919-C shall be used to obtain these acreage reports and shall be prepared as provided in Section II, hereof.

B. Use of Forms 919-C(P) in Connection with this Procedure

1. Where a Form(s) 919-C is not prepared for an insured, the Form 919-C(P) submitted by him shall constitute the acreage report and shall be completed as provided hereinafter.
2. Where a Form 919-C is prepared for an insured who filed a Form 919-C(P), the Form 919-C(P) shall be marked "superseded" in the heading thereof and retained in the county office files, except as provided in the following paragraph, and the Form 919-C shall be completed as provided hereinafter.

In counties where the 5 percent discount for early payment of the premium was applicable and the insured paid the premium in full on or before the closing date for filing applications in the county, the "superseded" Form 919-C(P) shall be attached to the Form 919-C and transmitted therewith. In addition, in such cases, the premium should be computed in accordance with Section III hereof and the insured advised of the revision.

3. After Forms 919-C and Forms 919-C(P) have been completed and reviewed as provided hereinafter, distribution of the copies shall be made in accordance with Section III hereof.

C. Obtaining Acreage Reports for Non-Resident Insureds

The acreage reports for non-resident insureds shall be handled in the manner deemed most satisfactory by the county committee.

Where a non-resident insured did not execute a Form 919-C(P) and the county committee is unable to obtain a completed and signed Form 919-C from him within a reasonable period of time the committee shall request an adjuster to prepare a Form 919-C for the insured. In such cases the adjuster shall measure the acreage and determine the share of the insured in the crop by inquiry. The adjuster shall enter a statement of facts on Form 919-C or prepare Form FCI-6 which shall be attached to Form 919-C. If there is any question concerning the share in the crop or the number of farms, as shown on the Form 919-C prepared by the adjuster, the committee shall verify this information with the insured.

D. Definition of Insurance Unit

The insured shall be informed as to what land constitutes an insurance unit under the contract and that the insurance unit forms the basis for payment of any indemnity.

He shall be fully informed of the applicable of the following provisions which describes his insurance unit(s):

1. For an owner-operator all insurable acreage in the county in which he has 100 percent interest at the time of planting plus any acre-owned by him and worked for him by sharecroppers at the time of planting is one insurance unit.
2. For a landlord all insurable acreage in the county which is owned by him and rented to one tenant at the time of planting is one insurance unit.
3. For a tenant all insurable acreage in the county which is owned by one person and operated by the tenant at the time of planting is one insurance unit. "Operated by the tenant" includes operations with his own labor, wage hands or sharecroppers or any combination.
4. For a sharecropper All insurable acreage in the county which is owned by one person and worked by the sharecropper at the time of planting is one insurance unit.

In cases of land rented for cash or for a fixed commodity payment the lessee is considered the owner. In some cases an insured may have one or more insurance units as a landlord or owner-operator and in addition he may work additional land as a tenant or as a sharecropper. It is important that this information regarding the acreage which constitutes an insurance unit as it applies to his operation be clearly understood by the insured and the person assisting him so that the Form 919-C will show in columns (1) through (6) the information necessary for proper designation of insurance units.

## SECTION II. PREPARING AND HANDLING FORM 919-C

### Part I. Obtaining Form 919-C

In cases where the insured requests a revision in the data shown on Form 919-C(P) and in cases where a Form 919-C(P) was not prepared, Form(s) 919-C shall be prepared as set forth below.

#### A. Preliminary Operations

1. Complete the heading which is self-explanatory. If there has been a change of address the notation "Note change of address" shall be entered in the space provided for "Remarks."
2. The inapplicable words in the heading of column (1) shall be deleted so that the words left will state the information to be entered.
3. When there is insufficient space to record on one Form 919-C the data for all farms covered by the contract, additional Forms 919-C shall be prepared and identified in the heading as provided above. In such cases all Forms 919-C for the contract shall be further identified in the heading with the notation "Continuation sheet: Page \_\_\_ of \_\_\_ pages." The total acreage planted to cotton should be entered on the first form only in such cases.

B. Instructions to Insured Regarding Entries to be Made by Him

1. In connection with the filing of Form 919-C the insured should be instructed as follows:
  - a. Form 919-C should be prepared in accordance with the instructions set forth on the reverse side of the insured's copy.
  - b. Form 919-C should include data for all farms covered by the contract.
  - c. He should report his acreage and his share therein as of the time of planting. The acreage need not be measured but it should be reasonably accurate, since neither the acreage nor the share in the crop reported by the insured can be increased by him after the report is submitted, without the approval of the Corporation.
  - d. If all or a part of the insured crop was transferred to another person after planting, the report should be completed and signed without regard to the transfer. In such cases the insured shall furnish the name and address of each person to whom any of the crop was transferred and the number of acres and the share in the crop transferred to each such person. In addition, both the transferee and transferor should contact the county office promptly and execute Form FCI-21-Revised, "Transfer of Interest."
  - e. If the insured did not share in any cotton on any farm in the county at the time of planting, the word "none" shall be entered in the space provided for entering the total acreage planted. In addition, where cotton was planted but was destroyed at a time that it was practical to replant the land to cotton but no acreage was replanted, this information shall be entered in the space provided for "Remarks." In either of these cases the insured shall sign and date the form.

C. Signature of Person Assisting Insured in Preparing Form 919-C

The person who assists the insured in preparing Form 919-C shall enter the date and affix his signature in the space provided for signature of Corporation representative. If the person is not an employee of the Corporation the words "Corporation Representative" shall be deleted and the correct title may be entered.

D. Cases Where Parts of the Insurance Unit are Located in Different Areas

1. In every case of a non-resident insured where parts of an insurance unit are located in different areas, the committee shall request an adjuster to obtain the acreage report.
2. In cases covered by the preceding paragraph and in all other cases where parts of an insurance unit are located in different areas, the acreage planted to cotton in each area must be listed on a separate line in column 3 and clearly identified by a separate description in column 2 of Form 919-C.

E. Cases Where Insured Did Not File Form 919-C(P) and Cannot be Located

In cases where the insured did not file Form 919-C(P) and he or any cotton acreage in which he has an interest cannot be located after a reasonable effort has been made, a Form 919-C shall be prepared as provided in subsection A above and a statement of the facts in the case shall be entered in the space provided for "Remarks" and the form transmitted in the usual manner. In such cases the state director may elect to declare the insured acreage to be "0".

Part II. Review and Completion of Forms 919-C(P) and 919-C

NOTE

During the review and completion of Forms 919-C(P) and 919-C by the county committee and in the transmittal and distribution of these forms, both shall be treated similarly and are referred to throughout the remainder of this procedure as Form 919, except where the specific form is designated.

A. Review

1. All Forms 919 shall be examined to determine that the Form 919 covers each farm on which the insured is known to have a share in a cotton crop and that the acreage(s) reported by the insured is all of the acreage in which he has a share on each farm covered by the contract, and that all entries appear to be correct and reasonable. This may be checked against Form FCI-24 or other data or information available. In making this examination, if it is found that no coverage has been established for all or a part of the cotton acreage which is reported on Form 919 by the insured, a line shall be drawn through the entries in columns 2 through 6 for such acreage, and a statement indicating that the farm (or part thereof) has no coverage established for it shall be written on the corresponding line beginning in column 8. In addition the insured shall be advised by letter of the description of the cotton acreage for which no coverage was established and that such acreage is not insured. The insured shall also be advised that the production from this acreage will not be considered in any manner under the contract (provided the insured keeps the production on such acreage separate from that of the insured acreage.)
2. The following review of Form 919 shall be performed:
  - a. Determine that entries in columns 1 and 2 are adequate to identify the farm (or applicable part thereof where different coverages or premium rates apply to parts of the farm). Determine that each entry in columns 1 and 2 describes only one farm, or part thereof. The farm will be that land generally considered as a farm in the community. Where the land described on one line in columns 1 and 2 includes more than one farm, or is not limited to a part thereof where separate data are needed for the part, a new Form 919 shall be obtained showing the necessary information for all acreages covered by the contract. If there is no entry in column 1 and the entry in column 2 is adequate, no action need be taken to obtain an entry in column 1.

- b. Determine that there is an entry at the top of Form 919 for total acres planted and that an acreage has been entered in column 3 for each farm (or part thereof) described in columns 1 and 2. Determine that the entry for total acres planted does not differ materially from the sum of the entries in column 3. If there is a material difference or if it is believed that erroneous acreages have been reported, a new Form 919 showing the correct information for all acreages covered by the contract shall be obtained to replace the original Form 919.
  - c. Determine that a share has been entered on the corresponding line in column 4 for each acreage shown in column 3. If the share entered in column 4 for an acreage shown in column 3 is less than 100 percent, determine that the name of the other person sharing in the acreage (or the notation "sharecropper", where applicable) has been entered in column 5 and that the appropriate symbol has been entered in column 6 indicating the tenure of the other person sharing in the acreage.
  - d. Where more than one line of the acreage report has been used, an insurance unit number shall be entered on each line in column 7 to show which acreage(s) constitute each insurance unit. Where more than one line has been used to report data for an insurance unit, enter and identify in the space provided for "Remarks" the total number of acres in the insurance unit. For example: Unit 2 -- 60 acres.
  - e. Determine that Form 919 has been dated and signed by the insured and that the signature agrees with the name in the heading. If it does not agree and the signature is that of a legal representative or legal entity, the difference shall be fully explained in the space provided for "Remarks," or Form FCI-6 shall be prepared and attached.
- Where the signature of the insured varies from the way his name is shown in the heading of the form, a statement to the effect that the person signing is the same person whose name appears in the heading shall be entered in the space provided for "Remarks".
- Where the signature of the insured cannot be obtained, such as in cases where the insured has disappeared, a statement of the facts shall be entered in the space provided for "Remarks", or Form FCI-6 shall be prepared and attached. Where Form FCI-21-Revised, "Transfer of Interest," has been prepared in such cases it shall be attached to the Form 919.
- f. If there is reason to doubt the correctness of the information shown on any Form 919, an adjuster should be requested to investigate the case. Particular attention should be given to reports showing no acreage planted.

In each case investigated, the adjuster shall prepare Form FCI-6 which shall be attached to Form 919. Where the investigation reveals that the insured under-reported the acreage, the share in the crop, or the number of insurance units, the adjuster shall handle the case in accordance with Section I, A, 4.

B. Completion

1. After Form 919 has been reviewed and is found to be complete and acceptable with respect to the information submitted by the insured, it shall be completed as follows:

Column 8: For each acreage shown in column 3 enter on the correspondingly numbered line in column 8 the area number applicable thereto.

Column 9: Enter on each line the premium rate applicable to the area number shown in column 8.

2. Computation of the Premium

Wherever it becomes necessary to compute the premium in order to advise the insured of the amount of premium due, the procedure set forth in Section III hereof shall be followed.

3. Certification

- a. After the entries required above have been made on Form 919, they shall be checked against their source. Any corrections required shall be made by drawing a line through the incorrect entry and entering the correct figure.
- b. A representative of the county committee shall certify to the correctness and completeness of the data appearing on Form 919 by signing in the space provided. The date of each signature shall be entered.

C. Requests for Revision of Insurance Data Originally Reported

1. Any request for revision of the data shown on Form 919-C shall be handled in the same manner as requests for revision of Form 919-C(P) as provided in Section I, A, 4, hereof.
2. In any case where a "revised" Form 919-C is prepared and the report originally submitted by the insured has not been transmitted to the state director, the "revised" Form 919-C shall be attached to the original report submitted by the insured and transmitted therewith. If the report originally submitted by the insured has been transmitted to the state director, the "revised" Form 919-C shall be transmitted as soon as possible.

SECTION III. COMPUTATION OF THE ANNUAL PREMIUM

- A. Wherever it becomes necessary to compute the premium in order to advise the insured of the amount of premium due or in cases where the insured paid the premium in full prior to the closing date and obtained the 5 percent discount and filed a Form 919-C, the following operations shall be performed:

1. Before any computations are made the share in the crop as shown in column 4 shall be converted to a percentage figure, (if not already shown in this manner), expressed to the nearest tenth of a percent; i.e. 25.0, 33.3, 50.0, 66.7, 75.0, etc.
2. In connection with any computation, rounding shall be performed as follows: Carry the computation one digit beyond the digit to be rounded. If the last digit is 5 or larger, round upward; if the last digit is 4 or smaller, disregard it. The results of computations are to be expressed in tenths of acres, whole pounds, or cents.
3. Delete either "pounds or" or "or dollars", whichever is not applicable.
4. Column 10: The entry for each line of column 10 shall be obtained as follows: (1) multiply the acreage (column 3) by the share (column 4) (rounding the product as set forth above) and (2) multiply the result obtained by the premium rate per acre (column 9) (rounding the product as set forth above).
5. Further computations of the annual premium through item A (total premium) shall be made in accordance with the applicable of paragraphs a or b below:

- a. If no insurance unit shown on the acreage report contains 50 acres or more:

Add the entries in column 10 and enter the sum in item A, column 12.

- b. If one or more of the insurance units shown on the acreage report contains 50 acres or more, the following operations shall be performed:

- (1) The number of acres in each insurance unit has a bearing on the total premium for the contract. Based on the table set forth below, determine the applicable net premium percentage for each insurance unit and enter such percentage figure in column 11 on each line listing data for the insurance unit.

<u>Acres</u>	<u>Net Premium Percentage</u>
0.0 - 49.9	100
50.0 - 99.9	98
100.0 - 149.9	96
150.0 - 199.9	94
200.0 - 249.9	92
250.0 - 299.9	90
300.0 - 349.9	88
350.0 - 399.9	86
400.0 - 449.9	84
450.0 - 499.9	82
500.0 - over	80

- (2) Multiply each entry in column 10 by the percentage figure on the same line in column 11 and enter the product (rounded as set forth above) in column 12.
- (3) Add the entries in column 12 and enter the sum in item A, column 12.

6. Premium computations shall be completed as follows:

- a. If partial insurance protection applies to the contract, multiply the entry in item A, column 12, by 50 percent and enter the product, (rounded as set forth above) in item B, column 12.
- b. The cash premium shall be determined as follows:
  - (1) In monetary coverage insurance counties, the cash premium appears in item A, column 12, or item B, column 12, if there is partial insurance protection.
  - (2) In commodity coverage insurance counties, to determine the cash premium, multiply the entry in item A, column 12 or item B, column 12, if there is partial insurance protection, by the fixed price established by the Corporation for the county.

B. Revision of the Premium Where 5 Percent Discount was Obtained

1. If the cash premium computed on Form 919-C in accordance with subsection A above exceeds the total cash premium shown in item D of Form 919-C(P), the insured should be advised that he owes the amount of the excess and will be billed for it on or before the maturity date.
2. If the cash premium computed on Form 919-C in accordance with subsection A above is less than the total cash premium shown in item D of Form 919-C(P), the insured shall be advised that he is due a refund of 95 percent of the difference and will receive the refund in due time.

C. Verification of Computations

After all the entries required above have been made on Form 919, they shall be checked for accuracy. Any corrections shall be made by drawing a line through the incorrect entry and entering the correct data.

SECTION IV. TRANSMITTAL AND DISTRIBUTION OF FORMS 919

A. Time and Manner of Transmittal

Transmittal of completed Forms 919 shall be made currently in full transmittals, but at least once each week. The completed Forms 919 shall be listed on Form FCI-15, "Transmittal of- - -," (herein called "Form 15") as provided in subsection B below.

B. Preparation of Form 15

Form 15 shall be prepared as follows:

1. Enter the state and county code.
2. Enter "Forms 919-C," following the words "Transmittal of- - -."
3. Enter "Cotton" in the space provided.
4. Enter the transmittal number which shall be assigned consecutively to Form 15 beginning with number 1. Following the transmittal number assigned to the Form 15 prepared in connection with the last Form 919 transmitted shall be entered the word "Final".
5. Enter the date the Form 15 is prepared.
6. Enter in column (A) in numerical order the contract numbers of all Forms 919 being transmitted on the date indicated.
7. Following the related contract number in column (A), enter in column (C) the name of the insured as shown on Form 919.
8. Enter in column (H) any remarks deemed advisable.
9. No entries shall be made in the space provided for "Price Card Serial Number" and "Basic market or area" or in columns (B), (D), (E), (F), and (G).
10. An authorized representative of the county committee shall sign Form 15 in the space provided.

C. Transmittal of "Revised" Forms 919

1. When the Form 919 originally submitted by the insured has been transmitted to the state director and a "revised" Form 919 is prepared, the "Revised" Form 919 shall be listed in the regular manner on a Form 15 marked "supplemental" in the space provided for transmittal number. No transmittal number shall be assigned to Form 15 for such cases.
2. As a cross-reference, enter in column (H) of the "supplemental" Form 15 the transmittal number assigned to the Form 15 upon which the original Form 919 was transmitted.

D. Distribution of Forms

1. The branch office and state office copies of Forms 15 and 919 and the original and first carbon of Form 6 shall be forwarded to the state office.
2. The county office copy of Forms 15 and 919 and the second carbon of Form 6 shall be retained in the county office.
3. If the insured has not been furnished his copy of Form 919, it shall be forwarded to him.

E. State Office Exceptions to Form 919

Any errors on the Forms 919 listed on a transmittal will be noted on a schedule of exceptions prepared by the state office, a copy of which will be sent to the county office. When the county office receives the copy of the schedule of exceptions, the related Form(s) 919 shall be corrected accordingly.

THE UNITED STATES OF AMERICA  
DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.  
OFFICE OF THE CHIEF OF BUREAU  
PLANT INDUSTRY  
WASHINGTON, D. C.

U. S. DEPARTMENT OF AGRICULTURE  
APR 1 1949  
OFFICE OF THE CHIEF OF BUREAU  
PLANT INDUSTRY  
WASHINGTON, D. C.

U. S. DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

March 22, 1949

FCI - County Procedure Manual

PART III - Flax County Acreage Report Procedure for 1949

Section I. General

A. Responsibility for Obtaining and Handling Acreage Reports

1. The insured is responsible for submitting his acreage report and this responsibility will not be assumed by the Corporation. However, through the county committee, the Corporation provides assistance to the insured in preparing and submitting his report.
2. The insured, as well as persons engaged in acreage report work, should recognize the importance of filing the acreage report promptly after the flax crop is seeded. Early filing of the acreage report is advantageous to all concerned. All contracts contain a provision which allows the insured a 5% discount on his premium if he files the acreage report and also pays the premium in full by June 30. Prompt filing of the acreage report also fixes the terms of the contract (i.e. the acreage and the share in the crop to be insured) before many of the production risks are experienced.

B. Manner of Obtaining Acreage Reports

1. As soon as possible after seeding of flax is generally completed in the county the insured shall be requested to file a report showing the seeded acreage and related data for each insurance unit (by farms) covered by his insurance contract.

In counties where the insureds are requested by card or letter to come to the county office to file their acreage reports, they should be reminded that by filing the report and paying the premium by June 30 they will receive a 5% discount on the premium.

In counties where the county committee feels that a satisfactory acreage report can be obtained by mail, an acreage report form may be prepared for the insured as set forth in Section II, A, hereof, and mailed to him.

2. Where the insured has not filed his acreage report within a reasonable time after the card or letter is mailed to him, he should be sent a second request. This request should remind him that the Corporation may elect to determine that the insured acreage is "zero" if he fails to file an acreage report within 30 days after the seeding of flax is generally completed in the county, as determined by the Corporation, if the flax crop is damaged before the report is filed. Also, this second request should remind the insured of the specific date(s) by which the acreage report must be filed and the premium paid in full in order for him to take advantage of the 5% discount on his premium. A copy of this second request should be filed in the insured's folder.
3. Acreage reports for absentee landlords shall be obtained in a manner deemed by the county committee to be most satisfactory.

4. Where it is impossible to obtain a satisfactory acreage report otherwise, a visit to the farm shall be made to obtain the acreage report. This may be particularly applicable where different coverages or different premium rates are applicable to parts of the insurance unit or where an acreage report has not been filed by the insured within a reasonable time after the second request is mailed to him.

5. Any acreage reports which are found to be incomplete or incorrect shall be completed or corrected, as the case may be, by requesting the insured to come to the county office, by correspondence with the insured, or where necessary by personal contact.

Where the acreage report cannot be obtained because the insured cannot be located, a statement of all pertinent facts shall be prepared on Form FCI-6 and attached to an acreage report form which shall be completed through the heading thereof for the insured in the usual manner.

C. Form Provided for Obtaining Acreage Report

1. A four-part "Rediform-set", Form FCI-919-F, "Flax Crop Insurance Acreage Report," (herein called Form 919) is provided for the insured's use in filing his acreage report.
2. Instructions to the insured for entering data on Form 919 in usual cases appear on the reverse side of the insured's copy of Form 919.

D. Reporting Acreage and Related Insurance Data

1. It should be clearly understood that the insurance data to be entered on the acreage report by the insured constitutes his report. All of this information shall be entered by the insured, or furnished by the insured and entered by the person taking the report. If entered by the person taking the report the information entered shall be read to the insured and fully understood by him before his signature is obtained. Adherence to this policy will avoid cases of misunderstanding and disagreement with the report at a later date when it will not be possible to make revisions at the request of the insured. In no case shall the insured sign the report in blank.

The name and location of each farm as shown on the acreage report will be used by the county office to determine the number of the coverage and rate area in which the farm is located on the crop insurance map. Therefore, it is important that the location of each farm be furnished by the insured and, wherever possible, that the location given be verified by the use of maps. Where the crop insurance map is used in determining the location of the farm, the coverage and rate area number shall be entered on the applicable line in column 7 of the acreage report.

2. The insured shall be informed as to what land constitutes an insurance unit under the contract and that the insurance unit forms the basis for payment of any indemnity.

He shall be fully informed of the applicable of the following provisions which describe his insurance unit(s):

- a. For an owner-operator all insurable acreage in the county in which he has 100 percent interest at the time of seeding is one insurance unit. (An insured could have only one unit of this type.)
- b. For a landlord all insurable acreage in the county which is owned by him and rented to one tenant at the time of seeding is one insurance unit. (A landlord would have as many units of this type as he has share tenants.)
- c. For a tenant all insurable acreage in the county which is owned by one person and operated by the tenant at the time of seeding is one insurance unit. (A tenant would have as many units of this type as he has landlords.)

In case of land rented for cash or for a fixed commodity payment the lessee is considered the owner. In some cases an insured may have an insurance unit as a landlord or as an owner-operator and in addition he may work additional land as a tenant. It is important that this information regarding the acreage which constitutes an insurance unit as it applies to his operation be clearly understood by the insured and the person assisting him so that the Form 919 will show in columns (1) through (6) the information necessary for proper designation of insurance units.

3. The acreage reported by the insured as seeded should be carefully estimated but need not be measured. In the event of a loss, the acreage will be accurately determined, and if it is less than the reported acreage the premium will be recomputed and the loss will be settled accordingly.

The acreage reported by the insured cannot be increased after his report is submitted to the county office, without the approval of the Corporation. It may be decreased only as provided in Section II, Part II, Subsection C of this procedure.

4. In any case where the acreage of flax is accurately measured, either the record of measurements or a notation thereof shall be placed in the insured's folder.

#### E. Statement of Facts

Form FCI-6, "Statement of Facts," is mentioned several times in this procedure. Wherever this form is prepared, the information entered thereon shall be a full statement of the facts in the case which shall include a complete description and the dates of the efforts made and the steps taken to get the true facts, and all available information which will help to explain the case. Where the statement relates to a revised acreage report it should contain information as to how the case came to the attention of the county committee. Any such statement should be clear and complete enough that a person not familiar with the case could decide the case on its merits and to provide an adequate record should the case at a later time involve a controversy as to the amount of the premium or the amount of any indemnity.

Section II. Preparing and Handling Form 919

A. County Office Preliminary Operations

1. A Form 919 shall be prepared for each insurance contract in the county. Before the insured is requested to file his acreage report, the following entries shall be made on Form 919.

a. Heading. In the spaces provided:

(1) Enter the crop year (1949)

(2) Enter the name of the insured which shall be the applicable of the following (even though a transfer of interest may have occurred);

(a) The original insured (i) if he is living or (ii) if he died or was judicially declared incompetent before the crop was seeded and a substitute insured was not named on Form FCI-2, "Agreement" as provided in the county application procedure. If (ii) applies, a notation to this effect shall be entered in the space provided for "remarks" and it will not be necessary to obtain the acreage report as there will be no insurance and no premium will be due. The form shall be distributed in the usual manner except that the insured's copy shall be retained in the county file.

(b) The person substituted for the original insured on Form FCI-2 "Agreement" where the original insured died or was judicially declared incompetent before the crop was seeded, provided such substitution was made in accordance with the county application procedure.

(c) The person legally entitled to handle the estate of the original insured, if the original insured died or was judicially declared incompetent after the flax was seeded. In these cases Form FCI-2, "Agreement", or an appropriate statement of the pertinent facts regarding the change shall be prepared on Form FCI-6, and attached to the related Form 919.

(3) Enter the address of the insured. If the address of the insured to be entered on Form 919 is not the same as that shown on the contract, the notation, "Note change of address," shall be entered in the space provided for "Remarks".

(4) Enter the state and county code and contract number (including the prefix to the contract number indicating the first crop year of the contract.)

(5) Enter the name of the county.

b. Body of Form 919

- (1) Column 1: The insured is to enter in this column either the total number of acres of cropland or the total number of acres of farmland in each farm. The inapplicable words in the heading of the column shall be deleted by the county office so that the words left will state the information to be entered.
- (2) Where the contract provides for partial insurance protection, enter "65%" in item B.
- (3) When there is insufficient space to record on one Form 919 the data for all farms covered by the contract, additional Forms 919 shall be prepared and identified in the heading as provided above. In such cases all Forms 919 for the contract shall be further identified in the heading with the notation "Continuation Sheet: Page      of      pages." The total acreage seeded to flax should be entered on the first sheet only in such cases.

B. Instructions to Insured Regarding Entries to be made by him.

1. In connection with the filing of an acreage report the insured should be instructed as follows:
  - a. Form 919 should be prepared in accordance with the instructions set forth on the reverse side of the insured's copy. (If the county committee feels that additional instructions are necessary they may be included in a cover letter with the Acreage Report Form.)
  - b. He should report his acreage and his share in the acreage as of the time of seeding. It is not required that the acreage be measured but it should be reasonably accurate. This is important since neither the acreage nor the share in the crop reported by the insured can be increased by him after the report is submitted, without the approval of the Corporation.
  - c. If all or a part of the insured crop was transferred to another person after seeding, the acreage report shall be prepared and signed without regard to the transfer. In such cases the insured should inform the committee of the name and address of each person to whom any of the crop was transferred and of the number of acres and the share in the crop transferred to each such person. Form FCI-21-Revised, "Transfer of Interest", shall be prepared in all such cases in accordance with General Procedure 8, Revised.
  - d. Where different coverages or premium rates have been established for parts of a farm, the acreage seeded to flax on each such part must be clearly indentified on separate lines in column 2.
  - e. If the insured did not have a share in any flax on any farm in the county at the time of seeding, the word "none" shall be entered in the space provided for entering the total acreage seeded. The form shall be dated and signed. No other entries need be made.

In addition, where flax was seeded but was destroyed and the land was put to other use before it was too late to reseed to flax or the land was left idle until it was too late to reseed to flax, this information shall be stated on the form in the space provided for "Remarks." In either of these cases the insured shall sign and date the form.

- f. The insured shall sign and date Form 919. The signature must agree with the name shown in the heading. Signatures by mark shall be witnessed by one or two persons in accordance with State law.
2. Where it is necessary to request an insured to submit an acreage report by mail, the Form 919 mailed to him should be accompanied by a letter including all of the applicable instructions set forth above.

C. Review of Form 919

1. Upon receipt of Form 919 from the insured it shall be examined to determine whether the Form 919 covers each farm on which the insured is known to have a share in the flax crop and that all entries appear to be correct and reasonable. In making this examination if it is found that no coverage has been established for any part of the flax acreage which is reported on Form 919 by the insured, a line shall be drawn through the entries in columns 2 through 5 for such acreage, and a statement indicating that the farm (or part thereof) has no coverage established for it shall be written on the corresponding line beginning in column 7. In addition, the county office shall notify the insured by letter of the description of the acreage for which no coverage was established and that such acreage is not insured. The insured shall also be informed that the production from this acreage will not be considered in any manner under the contract (provided the insured keeps the production on such acreage separate from that of the insured acreage.)
2. The following review of Form 919 shall be performed:
  - a. Determine that entries in columns 1 and 2 are adequate to identify the farm (or applicable part thereof where different coverages or premium rates apply to parts of the farm.) Where land described on one line in columns 1 and 2 includes more than one farm, a new Form 919 shall be obtained showing separate data for each farm (or part thereof) covered by the contract. If there is no entry in column 1 and the entry in column 2 is adequate to properly identify the farm (or part thereof), no action need be taken to obtain an entry in column 1.
  - b. Determine that there is an entry at the top of Form 919 for total acres seeded and that an acreage has been entered in column 3 for each farm (or part thereof) described in columns 1 and 2. Determine that the entry which reports the total acres seeded does not differ materially from the sum of the entries in column 3. If there is a material difference or if it is believed that erroneous acreages have been reported, a new Form 919 showing the correct information for all acreages covered by the contract shall be obtained to replace the original Form 919.

- c. Determine that a share has been entered in the corresponding line in column 4 for each acreage shown in column 3. If the share entered in column 4 for an acreage shown in column 3 is less than 100 percent, determine that the name of the other person sharing in the acreage has been entered in column 5.
- d. An insurance unit number shall be entered on each line in column 6 to show which acreage(s) constitutes each insurance unit. Where more than one line has been used to report data for parts of an insurance unit, enter and identify in the space provided for "Remarks," the total number of acres in each insurance unit. For example: Unit 1 - 100 acres, Unit 2 - 50 acres.
- e. Determine that the Form 919 has been dated and signed and that the signature agrees with the name of the insured in the heading. If the signature is not that of the person whose name appears in the heading of the form, determine if the difference is acceptable.

Where the signature of the insured varies from the way his name is shown in the heading of the form, a statement to the effect that the person signing is the same person whose name appears in the heading shall be entered in the space provided for "Remarks."

Where the signature of the insured cannot be obtained, such as in cases where the insured has disappeared, a statement of all of the pertinent facts shall be entered in the space provided for "Remarks" or on Form FCI-6 and attached. Where applicable in such cases a Form FCI-21-Revised, "Transfer of Interest", shall be prepared and attached.

- f. If there is reason to doubt the correctness of the information shown on any Form 919, an immediate investigation should be made. If the investigation reveals a significant misstatement of facts concerning either the acreage of the crop or the interest in the crop as originally reported, a statement of all pertinent facts, shall be prepared on Form FCI-6 and attached to the related Form 919.

#### D. Completion

After Form 919 has been reviewed and is found to be acceptable, it shall be completed to the extent provided in Section III hereof.

#### E. Certification

Upon completion of the above operations, a representative of the county committee shall certify to the correctness and completeness of the data appearing on Form 919 by signing in the space provided. The date of such signature shall be entered.

If the representative of the county committee is unable to certify to the correctness and completeness of the data appearing on Form 919, he shall nevertheless sign the form in the space provided and shall enter below his signature the notation "see exceptions attached." A statement of facts giving the reason(s) why he is unable so to certify shall be prepared on Form FCI-6 and attached.

F. Revision of Insurance Data Originally Reported.

1. Increase in acreage or interest originally reported.

The acreage originally reported for a farm may not be increased by the insured, nor may acreage for a farm not shown on the original acreage report be insured, nor may the share of the insured in the crop be increased, without the approval of the Corporation. It will not be the policy of the Corporation to approve cases of this nature which arise during the growing season except where (a) the circumstances involve no failure on the part of the insured to fulfill his responsibility under the contract, an acceptable reason is given for the error and no loss has been reported or is imminent, or (b) it is determined that the insured under-reported the acreage or interest in order to reduce the premium and it does not appear likely that a loss will occur. (Cases such as (b) above should be initiated by the county committee whenever it obtains information that premium income will be lost through under-reporting.) The above cases should not be brought to the attention of the State Director unless they involve significant changes. In each case of this kind which comes to the attention of the county committee, (whether called to the attention of the committee by the insured or whether discovered by the county committee by its investigation), where the change is significant, a written record of all of the pertinent facts shall be prepared by the county committee, which shall include a description of how the case arose. This statement of facts shall be prepared on Form FCI-6, the original of which shall be sent to the State Director. A "revised" acreage report in cases of this kind should not be prepared until so requested by the State Director.

In connection with requests for such changes after harvest has begun in the area, it will not be the policy of the Corporation to accept these cases if there is a probable loss. Where no loss is probable, it will not be the policy to accept such changes after harvest has begun unless the state director determines that the insured under-reported the acreage in order to avoid payment of the premium.

2. Reduction in acreage or interest

(a) Except as provided in paragraph (b) below, no acreage reported on Form 919 may be decreased upon the request of the insured unless it is accurately measured and is found to be less than the reported acreage. If the insured desires that such measurement be made he shall deposit in advance with the county association sufficient funds to defray the estimated cost of measurement. The amount of such deposit shall be determined by the committee and no part thereof shall be refunded. A representative of the committee shall measure the acreage and if it is found to be less than the reported acreage a "revised" Form 919 shall be prepared and a statement of all pertinent facts shall be entered on the "revised" acreage report or prepared on Form FCI-6 by the committee representative who measures the acreage and attached to the "revised" acreage report. In no case shall the acreage be measured by a representative of the committee unless the insured requests such measurement and pays the estimated cost of the measurement.

Any request for reduction in the interest should contain a complete explanation of why the actual interest is less than the reported interest and the evidence obtained by the county committee with respect to the actual interest in the crop and should be reported to the State Crop Insurance Director for assignment to an adjuster for investigation.

(b) Acreage seeded which was destroyed or substantially destroyed at a time when it could be reseeded but such acreage was not reseeded.

If a Form 919 is submitted by an insured producer before it is too late to reseed flax in the area, and he later states in writing that any part of the acreage originally reported by him as seeded was put to other use before it was too late to reseed or was destroyed or substantially destroyed before it was too late to reseed and was left idle or was followed until it was too late to reseed, a "revised" Form 919 may be submitted by him, provided the statement submitted by the insured is determined to be correct. This determination must be accomplished by means of inspection of the insurance unit. In these cases, a statement of pertinent facts, on Form FCI-6, shall be prepared, by the county committee representative making the inspection and attached to the "revised" Form 919.

3. Transmitting "revised" acreage reports

If the Form 919 originally submitted by the insured has not been transmitted to the state director, the "revised" Form 919 shall be attached to the original Form 919 and transmitted therewith. If the original Form 919 has been transmitted to the state director, the "revised" Form 919 shall be transmitted as soon as possible in the manner set forth in Section IV, C of this procedure.

Section III. Completion of Form 919

Columns 7 and 8 of Form 919 shall be completed in the county office in every case. The following instructions are to be used.

A. Columns 7 and 8

1. Column 7

For each acreage shown in column 3 enter on the correspondingly numbered line in column 7 the applicable coverage and rate area number as shown on the 1949 Crop Insurance Map.

2. Column 8

Enter in column 8 following each entry in column 7 the applicable premium rate per acre, which shall be obtained from the 1949 actuarial table.

B. Computation of the Premium

Wherever it becomes necessary to compute the premium in order to advise the insured of the amount of premium due, the following operations shall be performed:

1. Before any computations are made the insured's share in the crop as shown in column 4 of Form 919 shall be converted to a percentage figure, (if not already shown in this manner), expressed to the nearest tenth of a percent: For example: 25.0, 33.3, 50.0, 66.7, 75.0 etc.
2. In connection with any computation, rounding shall be performed as follows: Carry the computation one digit beyond the digit to be rounded. If the extra digit is 5 or larger, round upward; if the extra digit is 4 or smaller disregard it.
3. A separate computation shall be made for each acreage shown in column 3 of Form 919. This computation shall be performed as follows:
  - (a) Multiply the acreage (column 3) by the insured's share in the crop (column 4), rounding the product to tenths of an acre.
  - (b) Multiply the product obtained in (a) above by the premium rate per acre (column 8) rounding to tenths of bushels. Enter the product in column 9.
4. The applicable of paragraphs (a) or (b) below shall be followed in completing Form 919 through item C.
  - (a) Applicable only if no insurance unit shown on the acreage report contains 25 acres or more.
    - (1) Add the entries in column 9 and enter the sum (expressed to tenths of bushels) in item A, column 9.
    - (2) If partial insurance protection applies to the contract, (i) enter "65" in item B, (ii) multiply the entry in item A, column 9, by the entry in item B, and (iii) enter the product, rounded to tenths of bushels in item C, column 9.
    - (3) If partial insurance protection does not apply to the contract, the entry in item A, column 9, shall be entered in item C, column 9.
    - (4) Enter in item D the fixed price for the county. Multiply the entry in item C, column 9, by the entry in item D, and enter the product in item E.
  - (b) Applicable only if one or more of the insurance units shown on the acreage report contains 25 acres or more.
    - (1) The number of acres in each insurance unit has a bearing on the total premium for the contract. Based on the table set forth below, determine the applicable net premium percentage for each insurance unit and enter such percentage figure in column 10 on each line listing data for the insurance unit.

<u>Acres</u>	<u>Net Premium Percentage</u>	<u>Acres</u>	<u>Net Premium Percentage</u>
0 - 24.9	100	525.0 - 574.9	89
25.0 - 74.9	99	575.0 - 624.9	88
75.0 - 124.9	98	625.0 - 674.9	87
125.0 - 174.9	97	675.0 - 724.9	86
175.0 - 224.9	96	725.0 - 774.9	85
225.0 - 274.9	95	775.0 - 824.9	84
275.0 - 324.9	94	825.0 - 874.9	83
325.0 - 374.9	93	875.0 - 924.9	82
375.0 - 424.9	92	925.0 - 974.9	81
425.0 - 474.9	91	975.0 - and up	80
475.0 - 524.9	90		

- (2) Multiply each entry in column 9 by the entry on the same line in column 10 and enter the product, rounded to tenths of bushels in column 11.
  - (3) Add the entries in column 11 and enter the sum in item A, column 11.
  - (4) If partial insurance protection applies to the contract (i) enter "65" in item B, (ii) multiply the entry in item A, column 11, by the entry in item B and enter the product, rounded to the nearest tenth of a bushel in item C, column 11.
  - (5) If partial insurance protection does not apply to the contract, the entry in item A, column 11, shall be entered in item C, column 11.
  - (6) Enter in item D the fixed price for the county. Multiply the entry in item C, column 11, by the entry in item D, and enter the product in item E.
5. Where the insured files his acreage report and also pays the premium for the contract in full by June 30 he shall be given a 5% discount of the premium computed as provided above. In such cases the discounted premium shall be determined by multiplying the entry in item E by 95% and the result thus obtained shall be entered in item F. The date of payment shall be entered in item G.

### C. Verification

After all of the entries required above have been made on Form 919, they shall be reviewed for completeness and accuracy. Any corrections shall be made by drawing a line through the incorrect entry and entering the correct data.

Form 919 must be signed and dated in the space provided for the certification of the county committee in all cases.

Section IV. Transmittal and Distribution of Forms 919

A. Time and Manner of Transmittal

1. Transmittal of completed Forms 919 shall be made currently in full transmittals, but at least once each week. The completed Forms 919 shall be listed on Form FCI-15, "Transmittal of \_\_," (herein called "Form 15").

B. Preparation of Form 15

Form 15 shall be prepared as follows:

- a. Enter the state and county code.
- b. Enter "Forms 919-F", following the words "Transmittal of \_\_."
- c. No entry shall be made in the spaces provided for Price card serial number," and "Basic market or area."
- d. Enter "flax" in the space provided.
- e. Enter the transmittal number which shall be assigned consecutively to Form 15 beginning with number 1. Each Form 15 shall be assigned a separate transmittal number.

Enter the word "Final" following the transmittal number assigned to the Form 15 prepared in connection with the last Forms 919 transmitted for the county.

- f. Enter the date the Form 15 is prepared.
- g. Enter in column (a) in numerical order the contract numbers of all Forms 919 being transmitted.
- h. Following the related contract number in column (A), enter in column (C) the name of the insured as shown on Form 919.
- i. Enter in column (H) any remarks deemed advisable.
- j. No entries shall be made in columns (B), (D), (E), (F), and (G).
- k. An authorized representative of the county committee shall sign Form 15 in the space provided.

C. Transmittal of "Revised" Forms 919

1. When the Form 919 originally submitted by the insured has been transmitted to the State Director and a "revised" Form 919 is prepared, the "revised" Form 919 shall be listed in the regular manner on a Form 15 marked "supplemental" in the space provided for transmittal number. No transmittal number shall be assigned to Form 15 for such cases.
2. As a cross reference, enter in column (H) of the supplemental" Form 15 the transmittal number assigned to the Form 15 on which the original Form 919 was transmitted.

D. Distribution of Forms

1. Distribution

In the case of "revised" acreage reports, all copies of the rediform-set of Form 919 are to be forwarded to the State Office. In other cases distribution is to be made as follows:

- a. The Branch Office and State Office copies of Forms 15 and 919 and any related statements of fact shall be forwarded to the State Office.
- b. The county office copy of Forms 15 and 919 and a copy of any related statements of fact shall be retained in the county office.
- c. If the insured has not been furnished his copy of Form 919, it shall be forwarded to him.

2. Schedule of Exceptions Noting Errors Made

Any errors on the Forms 919 listed on a transmittal will be noted on a schedule of exceptions prepared by the State Office, a copy of which will be sent to the county office. When the county office receives the copy of the schedule of exceptions, the related Form(s) 919 shall be corrected accordingly.

[illegible][illegible]

1890. 1891. 1892. 1893. 1894. 1895. 1896. 1897. 1898. 1899. 1900. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1908. 1909. 1910. 1911. 1912. 1913. 1914. 1915. 1916. 1917. 1918. 1919. 1920. 1921. 1922. 1923. 1924. 1925. 1926. 1927. 1928. 1929. 1930. 1931. 1932. 1933. 1934. 1935. 1936. 1937. 1938. 1939. 1940. 1941. 1942. 1943. 1944. 1945. 1946. 1947. 1948. 1949. 1950. 1951. 1952. 1953. 1954. 1955. 1956. 1957. 1958. 1959. 1960. 1961. 1962. 1963. 1964. 1965. 1966. 1967. 1968. 1969. 1970. 1971. 1972. 1973. 1974. 1975. 1976. 1977. 1978. 1979. 1980. 1981. 1982. 1983. 1984. 1985. 1986. 1987. 1988. 1989. 1990. 1991. 1992. 1993. 1994. 1995. 1996. 1997. 1998. 1999. 2000. 2001. 2002. 2003. 2004. 2005. 2006. 2007. 2008. 2009. 2010. 2011. 2012. 2013. 2014. 2015. 2016. 2017. 2018. 2019. 2020. 2021. 2022. 2023. 2024. 2025. 2026. 2027. 2028. 2029. 2030. 2031. 2032. 2033. 2034. 2035. 2036. 2037. 2038. 2039. 2040. 2041. 2042. 2043. 2044. 2045. 2046. 2047. 2048. 2049. 2050. 2051. 2052. 2053. 2054. 2055. 2056. 2057. 2058. 2059. 2060. 2061. 2062. 2063. 2064. 2065. 2066. 2067. 2068. 2069. 2070. 2071. 2072. 2073. 2074. 2075. 2076. 2077. 2078. 2079. 2080. 2081. 2082. 2083. 2084. 2085. 2086. 2087. 2088. 2089. 2090. 2091. 2092. 2093. 2094. 2095. 2096. 2097. 2098. 2099. 2100. 2101. 2102. 2103. 2104. 2105. 2106. 2107. 2108. 2109. 2110. 2111. 2112. 2113. 2114. 2115. 2116. 2117. 2118. 2119. 2120. 2121. 2122. 2123. 2124. 2125. 2126. 2127. 2128. 2129. 2130. 2131. 2132. 2133. 2134. 2135. 2136. 2137. 2138. 2139. 2140. 2141. 2142. 2143. 2144. 2145. 2146. 2147. 2148. 2149. 2150. 2151. 2152. 2153. 2154. 2155. 2156. 2157. 2158. 2159. 2160. 2161. 2162. 2163. 2164. 2165. 2166. 2167. 2168. 2169. 2170. 2171. 2172. 2173. 2174. 2175. 2176. 2177. 2178. 2179. 2180. 2181. 2182. 2183. 2184. 2185. 2186. 2187. 2188. 2189. 2190. 2191. 2192. 2193. 2194. 2195. 2196. 2197. 2198. 2199. 2200. 2201. 2202. 2203. 2204. 2205. 2206. 2207. 2208. 2209. 2210. 2211. 2212. 2213. 2214. 2215. 2216. 2217. 2218. 2219. 2220. 2221. 2222. 2223. 2224. 2225. 2226. 2227. 2228. 2229. 2230. 2231. 2232. 2233. 2234. 2235. 2236. 2237. 2238. 2239. 2240. 2241. 2242. 2243. 2244. 2245. 2246. 2247. 2248. 2249. 2250. 2251. 2252. 2253. 2254. 2255. 2256. 2257. 2258. 2259. 2260. 2261. 2262. 2263. 2264. 2265. 2266. 2267. 2268. 2269. 2270. 2271. 2272. 2273. 2274. 2275. 2276. 2277. 2278. 2279. 2280. 2281. 2282. 2283. 2284. 2285. 2286. 2287. 2288. 2289. 2290. 2291. 2292. 2293. 2294. 2295. 2296. 2297. 2298. 2299. 2300. 2301. 2302. 2303. 2304. 2305. 2306. 2307. 2308. 2309. 2310. 2311. 2312. 2313. 2314. 2315. 2316. 2317. 2318. 2319. 2320. 2321. 2322. 2323. 2324. 2325. 2326. 2327. 2328. 2329. 2330. 2331. 2332. 2333. 2334. 2335. 2336. 2337. 2338. 2339. 2340. 2341. 2342. 2343. 2344. 2345. 2346. 2347. 2348. 2349. 2350. 2351. 2352. 2353. 2354. 2355. 2356. 2357. 2358. 2359. 2360. 2361. 2362. 2363. 2364. 2365. 2366. 2367. 2368. 2369. 2370. 2371. 2372. 2373. 2374. 2375. 2376. 2377. 2378. 2379. 2380. 2381. 2382. 2383. 2384. 2385. 2386. 2387. 2388. 2389. 2390. 2391. 2392. 2393. 2394. 2395. 2396. 2397. 2398. 2399. 2400. 2401. 2402. 2403. 2404. 2405. 2406. 2407. 2408. 2409. 2410. 2411. 2412. 2413. 2414. 2415. 2416. 2417. 2418. 2419. 2420. 2421. 2422. 2423. 2424. 2425. 2426. 2427. 2428. 2429. 2430. 2431. 2432. 2433. 2434. 2435. 2436. 2437. 2438. 2439. 2440. 2441. 2442. 2443. 2444. 2445. 2446. 2447. 2448. 2449. 2450. 2451. 2452. 2453. 2454. 2455. 2456. 2457. 2458. 2459. 2460. 2461. 2462. 2463. 2464. 2465. 2466. 2467. 2468. 2469. 2470. 2471. 2472. 2473. 2474. 2475. 2476. 2477. 2478. 2479. 2480. 2481. 2482. 2483. 2484. 2485. 2486. 2487. 2488. 2489. 2490. 2491. 2492. 2493. 2494. 2495. 2496. 2497. 2498. 2499. 2500. 2501. 2502. 2503. 2504. 2505. 2506. 2507. 2508. 2509. 2510. 2511. 2512. 2513. 2514. 2515. 2516. 2517. 2518. 2519. 2520. 2521. 2522. 2523. 2524. 2525. 2526. 2527. 2528. 2529. 2530. 2531. 2532. 2533. 2534. 2535. 2536. 2537. 2538. 2539. 2540. 2541. 2542. 2543. 2544. 2545. 2546. 2547. 2548. 2549. 2550. 2551. 2552. 2553. 2554. 2555. 2556. 2557. 2558. 2559. 2560. 2561. 2562. 2563. 2564. 2565. 2566. 2567. 2568. 2569. 2570. 2571. 25

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UNITED STATES DEPARTMENT OF AGRICULTURE  
FEDERAL CROP INSURANCE CORPORATION

FCI - COUNTY PROCEDURE MANUAL

Part III - Flax County Acreage Report Procedure for 1949

Supplement 1. Premium Discount for Excess Reserve

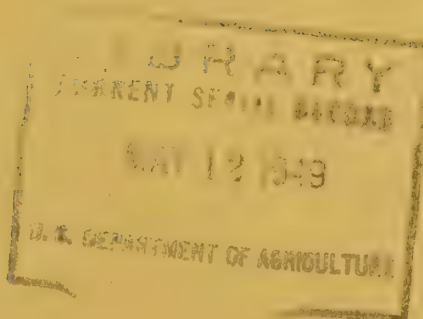
In counties where there is a premium discount for excess reserve the procedure set forth below is to be followed.

Enter a percentage figure in Item C, Column 10 of all Forms 919, which shall be determined as follows:

- (a) Where the insured had a flax crop insurance contract in effect in the county for the 1948 crop year (irrespective of whether a premium was earned) this percentage is to be determined by deducting the premium discount percentage for the county from 100.
- (b) Where the insured did not have a flax crop insurance contract in effect in the county for the 1948 crop year enter 100.

Where it becomes necessary to compute the premium in order to advise the insured of the amount of premium due:

- (a) Multiply the entry in Item C, Column 11 (or Item C, Column 9, if column 11 is not used) by the percentage figure in Item C, Column 10, and enter the product in Item C, Column 12.
- (b) Use the entry in Item C, Column 12, in determining the entry for Item E.





April 5, 1949

FCI - GENERAL PROCEDURE 8-REVISED

Table of Contents:

|                  |  |
|------------------|--|
| Section I.....   | Purpose of General Procedure 8.  |
| Section II.....  | Form FCI-6 Statement of Facts.   |
| Section III..... | Form FCI-8-Revised - Notice to Corporation of Damage or Probable Loss. |
| Section IV.....  | Form FCI-20 - Collateral Assignment.                                   |
| Section V.....   | Form FCI-21 - Record of Transfer.                                      |
| Section VI.....  | Form FCI-24 - County Crop Insurance List.                              |

SECTION I. PURPOSE OF GENERAL PROCEDURE 8.

A. General

This procedure contains the instructions for the execution of the above-mentioned crop insurance forms which are applicable to all insurable crops.

It is not anticipated that this procedure will be issued each year unless it becomes necessary due to program revisions or changes in the forms involved. Sections will be added to include instructions for preparation of additional forms when it is deemed advisable.

It is believed that personnel who work with the details of the crop insurance program will find this procedure helpful because it will reduce the total volume of procedures that are necessary.

SECTION II. FORM FCI-6 - STATEMENT OF FACTS

A. This form has been developed for use by all offices and personnel concerned with the crop insurance program and may be used at any time a memorandum of explanation or statement of fact is required. It provides the necessary copies and can be prepared in longhand when necessary or where desirable to save time.

B. Preparation of Form FCI-6

1. Enter the name and address of the person or office to which this form is being directed.
2. Enter in the space provided for "Subject Matter" the general topic covered in the statement. (For example: "Delayed Loss Claim," "Unsigned Acreage Report," "Suspended Application," etc.)
3. Enter the name of the crop and the crop year in the spaces provided.
4. Enter the state and county code and contract number if the statement pertains to a specific case.
5. Enter the name and address of the insured where applicable. (If the statement does not pertain to a specific case, no entries need be made for 4 and 5.)

6. A comprehensive statement of facts must be included in the body of the form to enable the person taking action on the case to fully understand the circumstances and conditions involved. It is extremely important that date(s) of any action taken or to be taken be clearly outlined and the instructions set forth in the applicable procedure manual be followed closely.

SECTION III - FORM FCI-8-REVISED, "NOTICE TO CORPORATION OF DAMAGE OR PROBABLE LOSS"

A. General

1. The insured is responsible for notifying the Corporation of damage to, or probable loss of, his insured crop. This notice should be given in writing to the county office and placed in the insured's folder for future reference. However, any manner or form of notice is acceptable provided a satisfactory Form 8 can be prepared.
2. The county committee upon receipt of such notice from an insured should prepare Form FCI-8-Rev., "Notice to Corporation of Damage or Probable Loss," (herein called Form 8), and advise the insured that no acreage of the insured crop should be put to another use without the written consent of the Corporation.
3. When Form 8 does not include a request for a release of acreage the county office should forward the adjuster's copy to the State Director or to the person designated by him to determine whether an inspection is necessary. If it is determined that an inspection of the unit at that time is desirable, the adjuster shall handle the case in the usual manner. If, however, an inspection will not be made, a letter shall be directed to the insured (on a form designed by the Director for this purpose) as provided in the applicable loss adjustment procedure.
4. Where a loss has occurred, it should be reported to the county office immediately, but in no event more than 15 days after harvest is completed. In the case of tobacco notice should be given immediately after the amount of loss can be determined. All production records, including gin tickets, sales records, warehouse receipts, and any other records pertinent to production, sales and storage, must be available for the adjuster.
5. When notice of loss is given to the county office after harvest the person receiving the notice should attempt to ascertain the production from the insurance unit and the value thereof where applicable for comparison with the coverage. If, after such comparison it is obvious that no loss has occurred under the contract, the insured should be so informed. All "border-line" cases should be handled as if a loss has occurred. If it appears that a loss has been sustained Form FCI-8 should be prepared and distributed.

B. Preparation of Form FCI-8-Revised

1. A separate Form 8 shall be prepared for each insurance unit on which the insured reports material damage to the insured crop or on which a loss has occurred. If more than one insured producer shares in the crop on the insurance unit, a form shall be prepared for each such person. It shall be prepared as follows:

a. Heading:

- (1) The name of the insured crop;
- (2) The name and address of the insured.
- (3) The state and county code and contract number;
- (4) The name of the county;
- (5) In the space provided for farm serial number, enter the applicable of either the farm serial number or the insurance unit number; and
- (6) The contract number of other contracts covering all or any part of the insured crop on the land in the insurance unit.

b. Data for Numbered Items

Item 1. Enter the name and location or the legal description of each farm on which any part of the insurance unit is located.

Item 2. Enter the reported acreage for the insurance unit as shown on the acreage report, followed by a dash and the applicable area number. If more than one entry has been made on the acreage report for the unit because of (a) varying interests in parts of the acreage or (b) different coverage or rate areas, each acreage should be listed separately, and followed by a dash and the applicable area number. If the acreage report has not been filed, make a notation to this effect and explain fully in item 12.

Item 3. For each acreage in item 2, enter the applicable coverage per acre for harvested acreage.

Item 4. Enter the insured's share(s) in the crop as shown on the acreage report.

Item 5. Enter the date the notice of damage or probable loss is received in the county office.

Item 6. Enter the reported causes of damage to the crop and the date(s) of damage.

Item 7 and 8. These entries are self-explanatory.

Item 9. (a) The insured shall be requested to sign Form 8 in every case where the notice is given in person. Otherwise, a notation shall be entered in this space indicating how the notice was received; i.e., by telephone (followed by the date of the telephone call), by letter (followed by the date of the letter), by some other person (enter the name of the person giving notice and the date of the notice), etc.

(b) The person receiving the notice shall initial Form 8. The form shall be signed and dated for the county committee.

Items 10 and 11. These items are self-explanatory.

Item 12. In any case where a part of the acreage is designated as "unclassified" on the Crop Insurance Map or is "non-insurable", this notation shall be entered in "Remarks". Additional information, such as (a) the harvested production (if reported by the insured), and (b) the name, address and telephone number of the person to be contacted in case the insured is an absentee landlord, and any other information, which may aid the Corporation in making a determination, should be entered in this item by the person preparing the form.

## 2. Distribution

- a. The State Director's copy shall be forwarded to him.
- b. The adjuster's copy shall be forwarded to the person designated by the Director.
- c. The county office copy shall be retained in the county office and filed in a temporary file until they receive the Inspection Report or a copy of the notice to the insured that an inspection will not be made at that time, after which it shall be filed in the insured's folder.
- d. The insured's copy shall be given to the insured, or forwarded to him if the damage was reported by other than personal contact,

## SECTION IV. FORM FCI-20, "COLLATERAL ASSIGNMENT"

- A. The right to an indemnity under an insurance contract may be assigned annually by the original insured on Form FCI-20 as collateral security for a loan or other obligation. A transferee is not permitted to assign his right to an indemnity under the contract. The collateral assignment is in effect only for the crop year for which it is executed. The assignment may be filed in the county office at the time the application for crop insurance is filed, or by the original insured at any time thereafter as long as he retains an interest in the insured crop. However an assignment can not be approved for the first crop year of the contract until the application has been accepted by the state director. Assignments become effective only upon approval by the Corporation and shall be subject in all respect to the provisions of the insurance contract. Only one assignment for a crop year will be recognized at any one time in connection with an insurance contract, but if more than one is filed the first acceptable assignment filed in the county office will be recognized. However, if an assignment has been released, a new assignment may be executed.

If a producer has two or more insurance contracts, such as wheat and cotton, the right to an indemnity under one contract may be assigned without making such an assignment under the other contract. If an insured has two such contracts and wishes to make an assignment of both it will be necessary to execute a separate Form FCI-20 for each contract.

## B. Preparation of Form FCI-20, "Collateral Assignment"

Form FCI-20 shall be prepared as follows:

1. Enter the state and county code and contract number.
2. Enter the name of the insured crop and the crop year for which the assignment is to apply.
3. In Part I:
  - a. Type or print the name of the assignor and his full mailing address, including the names of the county and state. Determine that the name of the assignor is the same as that shown on the related application.
  - b. Enter the cash value of the consideration.
  - c. Type or print the name of the assignee and his full mailing address, including the names of the county and state.
  - d. The assignor and assignee shall sign and date the form in the spaces provided. Where practicable these signatures shall be witnessed by a disinterested person.
  - e. Enter the date and hour the assignment is filed in the county office.

4. In Part II:

- a. An assignment shall not be approved until the accepted county office copy of the related application has been received from the state director. An assignment by the original insured which is on file at that time or which is received at a later date shall be reviewed and if found to be properly executed and there is no prior assignment of the contract outstanding for the crop year, it may be approved for the Corporation in the space provided.
- b. The date of approval and the address of the county office shall be entered.

D. Memorandum of Release of Assignment

The assignment may be released by the assignee at any time. This release shall be by a memorandum (prepared in the original and four copies) to the Corporation setting forth the name of the assignor, his full mailing address and his contract number and that the purpose of the memorandum is to release the assignment. Distribution of the copies of this memorandum of release shall be the same as that shown for the distribution of Form FCI-20. A copy of the memorandum of release shall be attached to each copy of the related assignment.

E. Distribution of Form FCI-20

1. After the county office has received its copy of the approved application and has approved Form FCI-20:
  - a. On the following Monday the original shall be forwarded to the branch office and the state office copy shall be forwarded to the state office.

- b. The assignor shall be furnished his copy.
- c. The assignee shall be furnished his copy.
- d. The county office copy shall be retained in the county office and filed with the related contract.

SECTION V. TRANSFER OF ALL OR A PART OF THE INSURED CROP  
AND USE OF FORM FCI-21-REVISED, "TRANSFER OF INTEREST"

A. General

- 1. This section sets forth the details connected with the reporting of transfers, the recording and examination of transfers of interest by the county office and the conditions under which the Corporation will approve the transferee to share in the benefits under the transferor's contract.
- 2. If after the insured crop is seeded or planted, and before the beginning of harvest or the time of loss, whichever occurs first, the insured transfers any part of the crop to another person(s), he shall immediately notify the Corporation, giving the name and address of each person to whom any of the crop is transferred and additional information as required herein.
- 3. A transfer of all or a part of an insured crop after planting or seeding does not in itself give the transferee any right under the transferor's insurance contract. The provision of the contract with respect to transfers of interest is no longer automatic. Beginning with the 1949 crop year, (except for carry-over 3-year wheat contracts) insurance contracts provide that the transferee shall be entitled to any indemnity payable on the acreage of the crop transferred, only if immediately after the transfer he makes suitable arrangements with the Corporation for the payment of the premium due on the acreage and interest transferred.
- 4. The protection of a transferee under the transferor's contract covers only the crop transferred and does not extend beyond the crop year in which the transfer is made.
- 5. An involuntary transfer of any part of an insured crop solely because of the existence of a debt, lien, mortgage, garnishment, levy, execution, bankruptcy, or other process shall not entitle any holder of any such interest to any benefits under the insurance contract.
- 6. Where a transfer occurs before seeding or planting the crop, the acreage or interest so transferred will not be covered by insurance unless the transferee has a contract covering the crop.

B. Form FCI-21-Revised, "Transfer of Interest"

- 1. Form FCI-21-Revised, "Transfer of Interest" will be used to record data pertaining to transfers of interest in growing crops. This form has been revised to carry out the provisions of the crop insurance regulations for the various programs beginning in 1949. It is provided

as a five-part rediform set including copies for the branch office, transferee, transferor, state office, and county office.

2. Where there is a transfer of any part of an insured crop after seeding or planting, a Form FCI-21-Revised shall be prepared immediately by the county committee on the basis of the information submitted by the insured or upon any other reliable information. Form FCI-21-Revised if accepted by the Corporation will make the transferee eligible for any indemnity payable with respect to the acreage and interest transferred and will obligate the transferee to pay the premium applicable to this acreage.
3. If the county office receives a report of a transfer from a source other than the insured, they should attempt to contact the insured for verification of the report before preparing a Form FCI-21-Revised. If the insured fails to verify the report or is not available to do so, the county office shall ascertain all the facts in the case, a record of the findings shall be filed in the insured's folder and Form FCI-21-Revised shall be prepared in the usual manner in any case where a transfer is made.

C. Preparation of Form FCI-21-Revised

Where more than one insurance unit is involved in the transfer, a separate Form FCI-21-Revised shall be prepared for each insurance unit involved. Form FCI-21-Revised shall be prepared as follows:

1. Heading

- a. Enter in the space provided, the name of the insured crop, the crop year, and the state and county code and contract number, which shall be identical with that shown on the contract of the transferor. (For multiple crop contracts, enter the names of all the insured crops in the space provided.)

2. Part I. Notice of Transfer

- a. Enter in the spaces provided the names and full mailing addresses of the transferor and the transferee.

b. Column 1:

Enter on separate lines the name and location or the legal description of each farm, on which any part of the insurance unit is located.

c. Column 2:

For each farm, enter the acreage of the insured crop which is transferred. If all the acreage on a farm described in Column 1, in which the insured had an interest is transferred the entry for such farm shall be "all".

d. Column 3:

Enter the fractional share of the insured (prior to the transfer) in the acreage transferred. (For example: 1/4, 1/3, 1/2, 3/4, or all).

e. Column 4:

Enter for each acreage the fractional share of the insured crop which is transferred.

f. Column 5:

Enter the fractional share retained by the insured in the crop on the acreage which is transferred. For any acreage the entry in column 5 plus the entry in column 4 must equal the share of the insured as entered in column 3.

g. Date of Transfer

Enter in the space provided the exact date on which the transfer was made. It is important that this date be that on which the transfer took place and not the date on which this form is executed. In the case of a sale of the land or of the growing crop, the effective date of the transfer would be the date on which the transferee acquired the legal right to enter upon the farm and exercise control over the crop. Unless otherwise provided in the contract of sale, the transferee would not have a right to possession of the land until the deed to it was delivered to him. Where the insured crop is abandoned by the transferor the effective date will be the date of such abandonment.

h. Nature of Transfer

Enter in the space provided the nature of the transfer. (For example: "The insured sold the farm," or "insured sold the growing crop").

3. Part II. Agreement

There are set forth in items 1 through 6 certain terms and conditions which should be explained to and fully understood by the transferor and the transferee prior to affixing their signatures. In item 2 the transferee accepts responsibility for the payment of the premium on the acreage and interest transferred. However, this does not relieve the original insured of any responsibility for payment of the entire premium under his contract except to the extent of any premium payment actually made by the transferee.

- a. Enter in item 7 in the spaces provided the word which best describes the condition of the crop (i) at the time of the transfer, and (ii) at the time this form is executed. Use the applicable of the terms "poor", "fair", "good" or "excellent". In any case where the transferee does not file Form-21-Revised within 15 days after the transfer took place, the condition of the crop at the time of the transfer and at the time of the report should be determined by an adjuster.
- b. Both the transferor and the transferee should sign and date the form in the spaces provided. The signature of the transferee will always be required except for three-year contracts. However, in cases where the transferor is not available and cannot be located his signature will not be required.

#### 4. Part III. Certification of County Committee

Before the county committee recommends any transfer for acceptance it should carefully examine the data given and any other facts pertaining to the case and satisfy itself that:

- a. A transfer of interest in the crop has taken place and that there has been no undue pressure or coercion used by the transferee to effect the transfer, and that the transfer took place before the time of loss as set forth in the contract. Transfers of interest between members of the same family involving acreage on which a loss is evident should receive careful consideration.
- b. The transfer was reported to the county office immediately after the transfer occurred. Normally this should be within 15 days after the transfer.
- c. The premium has already been paid or the transferee understands his obligation to the Corporation for payment of the premium on the acreage and interest transferred and that he is financially able to pay such premium or there is already a satisfactory co-signer of the premium note.

When satisfied that the above conditions are met one member of the committee or an authorized Corporation representative shall sign and date the Form FCI-21-Revised in the spaces provided for signature of county committeeman.

If the above conditions are not met, or if the condition of the insured crop has deteriorated since the transfer took place and the transfer was not signed by the transferee with the 15 day period, Form FCI-21-Revised shall not be signed recommending acceptance. In any case where more than 15 days has elapsed and the condition of the crop has not deteriorated since the transfer took place Form FCI-21-Revised may be recommended for acceptance. In either of these cases a complete statement of facts shall be attached.

#### 5. Distribution of Form FCI-21-Revised

All copies of Form FCI-21-Revised together with any required statement of facts shall be submitted to the state director.

### SECTION VI. FORM FCI-24, "COUNTY CROP INSURANCE LIST"

#### A. General

1. Form FCI-24 is provided for use of county offices in the administration of the crop insurance programs. A separate Form FCI-24 shall be prepared and maintained each year for each insured crop.
2. Form FCI-24 is in loose-leaf form and is intended for use in standard size loose-leaf binders. Each set of Form FCI-24 includes Parts I through IV and is composed of five sheets with printing on eight pages. Each alternate page contains blank space for county office use in entering data which may be desired by the committee but not

required by this procedure. Sets of Form FCI-24 shall be inserted in the loose-leaf binder as needed. For ready reference purposes it is suggested that alphabetical tabs be attached as needed.

B. Preparation of Form FCI-24

1. Heading

- a. The name of the county.
- b. The crop year.
- c. The name of the insured crop for which Form FCI-24 is being prepared.
- d. The page number, which shall begin with number 1 on the first page of the first set and shall continue consecutively.
- e. Enter in the space provided in part III of each set the premium note maturity date for the crop for which Form FCI-24 is being prepared.

(NOTE: In the headings of some of the columns strike out the words, abbreviations of words, or symbols which do not apply to the crop for which Form FCI-24 is being prepared. In addition, the columns which do not apply to a particular crop may be left blank.)

2. Part I - Farm Identification Record

Columns 1 through 3:

The entries for columns 1 through 3 shall be obtained from the related application. The entries in column 1 shall be in alphabetical order by surname and shall include the names of all persons who have insurance on the crop for the current crop year.

Column 4:

Enter the identifying farm serial number or unit identification for each insurance unit covered by the contract. These entries may be obtained from any reliable record in the county office. Where applicable, entries in column 4 shall be followed by the notation "insurance limited" or "insurance rejected."

Column 5:

Enter following each farm identified in column 4 the name and contract number of the other insured producers on the farm.

The blank page following column 5 is provided for county office use.

3. Part II - Record of premium paid before maturity. (Applicable only to three year wheat contracts.)

Complete only when it is necessary to compute premiums prior to maturity.

4. Part III - Record of Premiums Paid after Maturity

Column 13:

(Applicable only where the premium is expressed in bushels or pounds.)  
Enter the total premium (bushels or pounds) for the contract.

Column 14:

(Applicable only where the premium is expressed in bushels or pounds.)  
Enter the cash equivalent price for three-year contracts and the fixed price for commodity contracts.

Column 15:

(Applicable to all contracts).  
Enter the cash premium due at maturity.

Columns 16 and 17:

(Applicable to all contracts).

Enter the date(s) premium notices are mailed to the insured.

Columns 18 and 19:

Enter the date and amount of each premium payment which did not accrue interest.

Column 20:

Enter the amount of the unpaid premium at the end of the interest free period.

Column 21:

When any interest is collected on the outstanding premium balance shown in Column 20, the amount of interest shall be entered in Column 21.

Column 22:

Enter the date of each payment made on the premium balance after the interest free period.

Column 23:

Enter the amount of the payment (excluding interest) made on the premium balance on each date indicated in column 22.

Column 24:

This column and the space following are provided for county office use. Column 24 may be used to record additional collections of interest and the dates thereof.

5. Part IV - Indemnity Record

Column 25:

Enter the date upon which the county office prepares each Form FCI-8 Notice to Corporation of Damage or Probable Loss.

Column 26:

Enter the farm serial number or unit designation identifying each insurance unit for which an indemnity claim is filed.

Column 27:

(Applicable only to three-year wheat contracts). This column is to be used only when Certificates of Indemnity are issued. Enter the total quantity of the indemnity paid on each insurance unit. This entry shall be obtained from the county office copy of the Certificate of Indemnity and shall be entered following the applicable farm serial number as shown in column 26.

Column 28:

Enter the total cash indemnity on each insurance unit. This entry shall be obtained from the county office copy of the Statement of Cash Indemnity or the Statement in Proof of Loss.

Column 29:

Enter the reason for which a deduction is made from the total cash indemnity.

Column 30:

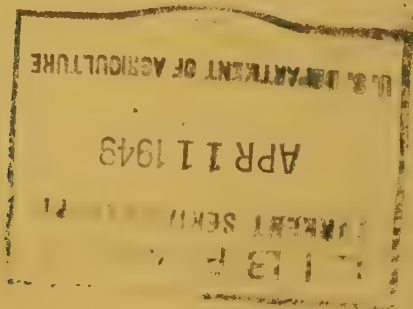
Enter the amount deducted from the total cash indemnity for the reason indicated in column 29.

Column 31:

Enter the net amount of the cash indemnity paid to the insured.

Column 32:

This column and the space following are provided for county office use.



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August 19, 1949

FCI - COUNTY PROCEDURE MANUAL FOR 1950

Part III - Wheat County Acreage Report Procedure (Continuous Contracts)

The 1950 Wheat County Acreage Report Procedure (Continuous Contracts) is hereby amended in the following respects:

Section 3, subsection C (page 8) of this procedure is amended to read as follows:

The contract permits the Corporation to limit the insured acreage on any farm to the wheat allotment or permitted acreage established under any act of Congress, including the Agricultural Adjustment Act of 1938, as amended. This provision of the contract was included because of the policy of the Department of Agriculture that programs administered by it should be coordinated to the extent that it is practicable.

County committees are requested to review the acreage as reported by each insured to determine whether such acreage is in substantial conformity with the wheat allotment program. The method of determining conformity of reported acreage(s) with the allotment program will be left entirely to the county committee, guided by such instructions as the state committee may issue. If it is found that the operations of the insured are not in substantial conformity with the allotment program on the basis of the acreage(s) reported by him and therefore such acreage is not acceptable for crop insurance purposes, the applicable reported acreage(s) in column 3 of Form FCI-019-W should be encircled and the acreage to be recommended for insurance purposes should be entered beside the encircled figure. In any case where the county committee reduces the acreage reported for a farm, it must be reduced to the allotment or to 15 acres, whichever is the larger.

The Corporation will make no further determination relative to conformity with the allotment program and will consider certification of the acreage report and recommendation of the acreage for crop insurance purposes by the county committee as their final approval of the acreage(s) as reported, or as revised, as being in substantial conformity with the allotment program.

The county committee should arrange for making this review in a manner which will not delay the processing of acreage reports.

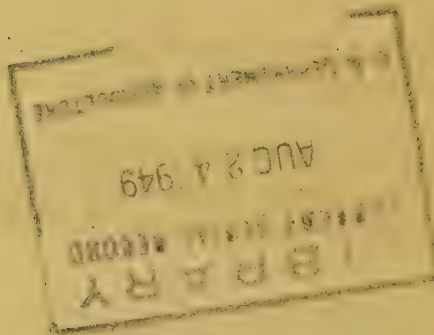
Prompt handling of the acreage reports will permit insureds to take advantage of the 5% discount for early payment of premium and will enable the Corporation to prepare premium billings in a timely manner.

Section IV, 2, item B, page 10 is amended to read as follows:

Item B: If the insured is eligible for a reduction in premium for good personal experience, enter (1) for commodity coverage insurance, the number of bushels (expressed to tenths of bushels) representing the reduction in premium, (2) for monetary coverage insurance, the amount representing the reduction in premium.

The insured's annual premium for 1950 may be reduced (a) not to exceed 50 percent for commodity coverage insurance if the accumulated balance of premiums over indemnities on consecutively insured wheat crops (ending with the current crop year) exceeds his total coverage on a harvested acreage basis (See General Procedure 7), or (b) not to exceed 25 percent for monetary coverage insurance if the accumulated balance of premiums over indemnities on consecutively insured wheat crops (ending with the current crop year) exceeds his total coverage on a harvested acreage basis (See General Procedure 7), or (c) 25 percent if he has had seven consecutively insured wheat crops (immediately preceding the current crop year) without a loss for which an indemnity was paid.

If the insured is eligible for a reduction in premium under more than one of the above plans, only the plan resulting in the larger reduction shall apply.



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September 16, 1949

FCI - COUNTY PROCEDURE MANUAL

TOBACCO - COUNTY APPLICATION PROCEDURE FOR 1950

Section I. GENERAL

A. Tobacco Crop Insurance in 1950

Two plans of insurance, yield-quality and investment, are offered in 1950 with generally only one plan available in a county, and both plans are offered under continuous contracts. Under both plans, insurance will attach at the time of planting and end when the tobacco crop is sold or at the end of the insurance period for the county, whichever occurs first.

Applications for insurance must be submitted not later than the closing date on Form FCI-012-T. The contract will consist of the accepted application and an insurance policy issued by the Corporation. The policy and the insured's copy of the accepted application will be mailed to the insured. The contract will remain in force from year to year until canceled by either party.

Contracts in force in 1949 and not canceled will continue in force in 1950, and any changes in the contract for the 1950 crop year will be mailed to the insured in the form of a rider to the policy by the state director at least 15 days before the cancellation date. Insureds who cancel their contracts for the 1950 and succeeding crop years will be able to obtain insurance in 1950 only if they file a new application prior to the cancellation date. Where the Corporation cancels a contract for the 1950 and succeeding crop years, the insured will be able to obtain insurance for 1950 if he files an acceptable application on or before the closing date.

In Graves and Simpson Counties, Kentucky; Montgomery County, Tennessee; and Appomattox County, Virginia, contracts in effect in the 1949 crop year specified the types of tobacco to be insured. Insurance under these contracts will be continued for 1950 on the type or types specified unless the insured files a new application on or before the closing date. Applications for insurance for the 1950 and succeeding crop years will in all counties cover all insurable types of tobacco, and the acceptance of an application by the Corporation will automatically cancel any previous tobacco crop insurance contract in the county between the applicant and the Corporation.

B. Quality and Volume of Insurance Written

Emphasis in the sales effort should be placed on securing applications for insurance from the better producers and on the better farms. This is necessary so that the quality of the insurance written in the county will be average or better with respect to both the producers and the land insured.

In addition to stressing the importance of the quality of insurance written, emphasis should be given to obtaining a volume of insurance sufficient to represent a major portion of all eligible producers and all insurable acreage of tobacco. This can be done only by a personal contact with all eligible producers in the county.

Special attention should be given to identifying those producers and that land which constitutes an unduly high insurance risk. As these are identified they should be made a matter of record for future reference and where possible eliminated from the insurance program for the current year. Only by screening out both the land on which the risk involved is great and the producers who constitute a poor insurance risk, can the premium rates be kept at a reasonable level.

The county committee, with its intimate knowledge of local conditions, is in the best position to know the tobacco producers and the land areas in the county which are undesirable. They have the responsibility of calling these matters to the attention of the state director.

C. Credit Risk of Insured and Need for Co-signers

In order to be in a position to collect premiums when they become due, particular attention must be given to the credit risk of individual producers and to the need for a co-signer of the premium note. Premiums collected, not premiums earned, are the basis on which profit and loss are measured. Since this is true and since profit and loss has a direct bearing on the premium rate, it becomes immediately clear that adequate steps must be taken to assure collection of premiums.

Payment of the estimated premium in advance or a satisfactory co-signer of the premium note shall be required in every case where:

1. The producer owes a crop insurance premium for any prior crop year.
2. The producer (landlord, owner-operator, tenant or sharecropper) is considered unwilling or financially unable to pay the crop insurance premium when it becomes due.

D. Minimum Participation Requirements

Before insurance will be provided in a county, a minimum number of insurance units must be covered by applications submitted and contracts in force for 1950. The Corporation will notify each county of the minimum established for the county. The number of insurance units covered by applications shall be determined on the basis of the applicant's anticipated 1950 operations. For contracts in force, the number of insurance units listed on the 1949 acreage report shall be counted.

Section II. TOBACCO CROP INSURANCE CONTRACTS IN FORCE FOR 1949

A. Carry-over Contracts or Cancellation by the Corporation

Early in the sales campaign the state director or his representative will review with the county committee all contracts to determine which will be carried over for 1950 and which will be canceled. Where the Corporation cancels the contract the insured may obtain insurance by filing an acceptable application on or before the closing date. All contracts not canceled by the insured or by the Corporation will be carried over for 1950.

B. Informing Insureds of Changes in Contracts

At least 15 days before the cancellation date, the state director will mail to each insured a rider to the contract which will contain changes in the contract for 1950 and succeeding crop years. Following receipt of this rider it is probable that many insureds will appear at the county office to obtain an explanation of the changes. This explanation should be given in such a manner that the insured will appreciate the value of his insurance protection and will see the need for keeping his contract in force.

C. Cancellation of Contracts by Insureds

Where an insured expresses a desire to cancel his contract before the cancellation date, he shall be fully informed of the contract provisions, the advantages of having crop insurance protection, and the effect of cancellation on his eligibility for insurance in 1950. It should be explained to the insured that cancellation will delay the time when he will become eligible for the 25 percent reduction in premium which requires seven consecutive years without a loss by the insured. It also should be pointed out that when the county becomes eligible for the excess premium reserve discount, which may be as much as 30 percent, this discount is available only to producers who were insured the previous year. Every reasonable effort should be made to persuade him to continue his contract in force. If he insists on filing the notice of cancellation, such notice (in writing) shall be accepted and transmitted immediately to the state director. Insureds who cancel their contracts for the 1950 and succeeding crop years will be able to obtain insurance in 1950 only if they file a new application prior to the cancellation date.

D. Counties Where the Plan of Insurance is Changed

In counties where only yield-quality insurance was offered in 1949 and in which only investment insurance is offered in 1950, or vice versa, and in counties where both plans of insurance were offered in 1949 and in which only one plan is offered in 1950, there will be no cancellation by the Corporation solely because of this change. An insured may obtain insurance under the new program by filing an acceptable application before the closing date, except in those cases where the insured canceled the contract in which case the application must be filed before the cancellation date. The acceptance of a new application for tobacco crop insurance automatically cancels any existing tobacco crop insurance contract in the county between the applicant and the Corporation. If a new application is not submitted or the contract is not canceled, the contract held in 1949 will continue in force for 1950.

Section III. APPLICATIONS FOR TOBACCO CROP INSURANCE

A. Acreage Covered by Applications

An application covers the applicant's interest in all the tobacco planted on insurable acreage considered for crop insurance purposes to be located in the county, provided a coverage therefor has been established by the Corporation before the closing date. Where a farm is divided by the county line, acreage will be deemed to be located in

the county only if a coverage therefor has been established on the county crop insurance map by the closing date.

If a person is acting in a fiduciary or representative capacity and also in an individual capacity, or if he is acting in more than one fiduciary or representative capacity, one application will cover only one capacity in which such person is acting. A separate application must be submitted for each capacity for which insurance is desired. An application signed in an individual capacity will also cover the applicant's interest as a co-owner and joint-operator. In these cases each interested person should file a separate application.

An application may be rejected by the Corporation in its entirety or with respect to any definitely identified acreage. The insurance will attach only to the interest which the applicant has in the crop at the time of planting.

**B. Informing Producers of Coverages and Premium Rates**

Where the land worked by a producer is in two or more areas, as shown on the crop insurance map, the greatest care must be exercised to insure that he understands what part of his land lies in each such area. Counties have been provided sufficient copies of the aerial photographs to permit salesmen to use such photographs in properly informing producers of coverages and rates. If the applicant's land is close to the boundary line of a coverage and rate area or is widely scattered and parts thereof are likely to be located in different coverage and rate areas, the salesmen should locate this land on the map at the time the sale is made in order to be certain that the data furnished the applicant is correct.

In designated counties the coverage will be established on the basis of the person who owns the land at the time of planting the tobacco crop. (For this purpose land rented for cash or for a fixed commodity rent will be considered as owned by the lessee.) In these counties particular care should be taken to see that each producer understands that the coverage assigned to the owner of the land applies to all tobacco producers on land owned by him.

If a list of insurable producers showing the coverage and rate applicable to their land is used, it must be prepared with great care. It should be prepared by someone who is familiar with the location and ownership of land and must be used cautiously since any producer may raise tobacco on land which such list does not show.

**C. Closing Date for Filing Application**

Applications must be submitted on or before the closing date set forth in the Tobacco Crop Insurance Regulations. An application received through the mail after the closing date may be considered as filed by the closing date if the envelope is postmarked on or before such date. Where an application, signed on or before the closing date, is received through the mail within a day or two after the closing date and the envelope does not bear a postmark, it may be considered as having been filed by the closing date.

D. Applications Filed After the 1950 Closing Date

Where the application is filed after the closing date but before a date to be set by the Corporation (which will be about the time the coverages and rates for the 1951 crop year and the terms of the contract for the 1951 and succeeding crop years are on file in the county offices) it may be recommended for acceptance effective beginning with the 1951 crop year. In such cases the year "1951" shall be entered on the application in the space provided for the crop year and in addition the applicant must sign a Form FCI-2 which must be submitted with the application. The wording to be entered in paragraph 2 of Form FCI-2 shall be as follows:

"Notwithstanding any other provisions of the contract to the contrary, both the applicant and the Corporation shall have the same rights with respect to cancellation before the 1951 crop year that they would have had if this contract had been in force and effect for the 1950 crop year, and the Corporation agrees to mail to the insured at least 15 days prior to the cancellation date notice of any changes which are made in the contract for the 1951 crop year."

If otherwise regular, the application will be accepted by the Corporation for the 1951 crop year and the insured will be mailed his copy of the application and the policy in the regular manner. In such cases it is very important that the insured understands that his tobacco crop is not insured for the 1950 crop year.

E. Absentee Landlord

An application for tobacco crop insurance shall be prepared in the county office for signature and mailed to each absentee landlord. The accompanying letter to such person shall state that if insurance is desired, the signed application must be returned and bear a postmark not later than the closing date. The letter should also contain the farm location, legal description, any other necessary identification, and where practicable the coverage and premium rate per acre applicable to each farm in the county in which the county office records show that he has an interest. Each such absentee landlord should be asked to verify or correct the list of farms in which he has an interest since this information will be needed for making any correction in the information regarding coverage and premium rates furnished him.

F. Signatures

All signatures, including that of the witness and that of a co-signer, if any, should be affixed with indelible pencil or ink and must be in the original handwriting of the person signing. Some states require two witnesses when a signature is affixed by mark (X).

Except where a signature is affixed by mark (X) any signature on an application should include at least one given name, an initial, if any, and the surname. A married woman should use her own given name and initial (not those of her husband) unless she is acting in a representative or fiduciary capacity for an applicant, in which case she should sign her name as it is listed in the power-of-attorney or other document authorizing her to act for the applicant.

When a person signs an application in a representative capacity he must show (1) the name of the principal for whom he is acting, (2) his own signature and (3) the capacity in which he signs.

The examples of signatures set forth below are for use as a guide in securing correct signatures on applications for crop insurance.

1. Signature of a Person For and on Behalf of Himself

a. As an individual:

1. John H. Doe.
2. J. Henry Doe, Jr.
3. Mary L. Doe.

- b. Where co-owners or joint-operators sign one joint application, each should sign the application as an individual and the notation "co-owners" or "joint-operators" whichever is applicable, shall be entered in the heading of the application following the name of the applicant.

2. Signatures of Persons Signing in Representative Capacities

a. As agent:

1. John J. Doe by Richard R. Roe, Agent.
2. Jones and Smith, a Partnership, By Richard R. Roe, Agent
3. ABC Company, Inc., by Richard R. Roe, Agent.

b. As member of a partnership:

Smith and Jones, by R. John Smith, a partner.

c. As officer of a corporation:

ABC Company, Inc., by Richard R. Roe, President, (or other officer)

d. As executor or administrator:

John H. Doe, Executor (Administrator) of the Estate of Richard R. Roe, Deceased.

e. As Guardian, Committee or Conservator:

John H. Doe, Guardian (Committee or Conservator) of the Estate of J. Harry Roe, Minor (or Incompetent).

f. As Trustee:

John H. Doe, Trustee for the Heirs of Richard R. Roe, Deceased.

g. As state, county, or municipal officer:

Douglas County, Michigan, By John J. Doe, County Commissioner.

G. Premiums

By signing the application for tobacco crop insurance, the applicant executes a note for payment of the premium for each crop year the contract is in force. The maturity date of the premium note is set

forth in the policy. A five percent discount will be allowed on any earned annual premium where the acreage report is filed and the premium is paid in full on or before June 30 for types 13 and 14 and July 31 for all other types. Payment of the premium prior to the discount date should be encouraged to enable the insured to take advantage of this savings and also to reduce future collection problems. Any payment made on the premium shall be handled by the county committee in accordance with General Procedure 5, including the issuance by the committee of a Form FCI-13, "Receipt", to the insured. A Form FCI-13 shall not be issued by the salesman but shall be issued by the county committee. The county committee shall send a Form FCI-13 to the applicant for any payment made to the salesman.

## II. Numbering Applications

The state and county code, a zero("0") followed by a dash, and the application number shall be entered on the signed application immediately after it is received in the county office. These entries shall be made promptly on all applications, in accordance with the following instructions, even though the application may be temporarily suspended later and held in the county office, or recommended for rejection.

The permanent numbers previously assigned are to be retained. This is necessary so that records of a producer for various years can be filed together in branch, state and county offices and because branch office records of premiums owed are kept by contract numbers on mechanical equipment. A permanent number will be assigned to the application of each producer who applies for insurance in 1950 unless a permanent number has already been assigned for that producer. The permanent number assigned to a producer will be used in connection with all his applications for insurable crops in the county. Permanent numbers previously assigned, shall not be reassigned to another producer even though the producer to whom the number was assigned is not now insured.

In order to make certain the same number is not assigned to more than one producer, the numerical and the alphabetical list or card index of the insured producer shall be carefully checked to determine that it is correct. If a numerical list and an alphabetical list or a card index has not previously been prepared, they shall be prepared showing in numerical order and in alphabetical order all producers for whom permanent numbers have already been assigned and the permanent numbers assigned to them.

Prior to assigning a number to each application, a careful check of the alphabetical list or card index shall be made to ascertain whether the producer involved has already been assigned a permanent number. Producers who were not previously assigned permanent numbers, shall be assigned numbers consecutively beginning with the first unassigned number. Their names and permanent numbers shall be added immediately to the numerical list and the alphabetical list or card index file. In counties where insurance is offered on two or more crops for 1950, no attempt shall be made to keep all numbers assigned for insurance on a given crop in consecutive order. Since the numbers are identified with producers, no disadvantage should result from not having consecutive numbers assigned to all producers who have insurance on a crop.

## I. Sales Report

In each county records should be maintained to indicate the effectiveness and progress of the sales campaign. A form, "Salesman's Report", shall be assigned and reproduced in the county office and instructions shall be given each salesman for its use. This form shall provide columns for entering (1) the name of each person contacted, (2) date contacted, (3) number of insurance units covered by each application signed, (4) the name of the owner of the farm, (5) reason application was not signed and whether the salesman will recontact him, and (6) any other information required by the county office.

The state director will furnish instructions to the county office for making such reports to his office as are necessary.

## J. Review, Recommendation, and Certification of County Committee

### 1. Review for Acceptability

All applications shall be reviewed by the county committee jointly with the state director or his representative to determine whether or not they should be recommended for acceptance. The state director will make arrangements for himself or his representative to be in the county office periodically to make this review with the county committee. In the review the name of each applicant shall be checked against the list of ineligible producers, and consideration shall be given to all the factors which would unduly increase the risk of loss if the application was accepted. The major factors which shall be considered are set forth below, together with appropriate action to be taken.

- a. Loss Risk. The loss risk will involve the risk on the applicant as a producer and the risk on the farm, if known. Consideration should be given to the applicant's ability as a tobacco producer including the care that he ordinarily takes of his crops. The known risk as it relates to the farm has already been considered in establishing coverages and rates but subsequent circumstances may have altered the risk. Particular attention should be given to whether for the crop year 1950 there is higher than ordinary probability of loss on the farm. This may involve (1) temporary hazards to production in 1950 such as higher than ordinary probability of flood, or (2) the current physical condition of the farm, or (3) the operator for 1950.

Where the county committee believes that the risk of loss on one or more insurance units or part(s) thereof in which the applicant has an interest is either undeterminable or is too great to justify the insurance applied for, and a coverage has been established for such acreage, the county committee shall prepare and attach a statement of facts on Form FCI-6 which shall clearly identify the acreage involving such risk.

- b. Indebtedness of the Applicant: If the applicant owes \$1.00 or more on any past due premium indebtedness, this indebtedness, or the estimated amount of the 1950 premium, shall be collected before the application is recommended for acceptance, except that an application may be recommended for acceptance if (1) a satisfactory co-signer is obtained, or (2) an earned payment under any program administered by the United States Department of Agriculture is sufficient to cover the indebtedness and such indebtedness is set off from the payment. However, if the amount of indebtedness is over \$1.00 but is a small amount as compared to the premium and the credit risk requirements set forth in Section I. C are otherwise met and for that reason the county committee feels that it should be recommended for acceptance, they should make their recommendation on Form FCI-6 setting forth the facts.

If the application cannot be recommended for acceptance in view of the foregoing, the application shall be temporarily suspended and a notice shall be sent to the applicant urging that the indebtedness be paid within the time set forth below. If the applicant fails to make such payment on or before the closing date, or within 15 days after the application is submitted, whichever is later, the county committee shall transmit the application, together with their recommendation for approval or rejection in the manner herein provided. In such cases a brief statement of facts on Form FCI-6, together with a copy of the request for payment of the indebtedness shall be attached to the application. If the application is recommended for acceptance, the statement of facts shall include the reasons why the county committee feels that the application should be accepted in spite of the indebtedness.

- c. Credit Risk. If the applicant is considered to be a poor credit risk in accordance with Section I. C. hereof, a satisfactory co-signer shall be required. If a satisfactory co-signer cannot be obtained, the applicant shall be required to pay the estimated amount of the 1950 premium in advance or the county committee shall recommend rejection of the application.

2. Review for Completeness and Accuracy

All applications shall be reviewed thoroughly and carefully to determine that they are complete and correct.

- a. If any of the following items are incomplete or incorrect, the county committee may make the necessary entries or corrections:

- (1) Name of county or state.
- (2) Printed name of applicant and address of applicant, if known. If there is a discrepancy between the printed name of the applicant and his signature, the county committee should prepare Form FCI-6 indicating that the printed name and the signature are for one and the same person.

(3) For applications filed on or before the 1950 closing date, see that 1950 is entered as the first crop year of the contract, in the space provided. For applications filed after the 1950 closing date see subsection D, above.

- b. If both investment and yield-quality insurance are offered in the county and there is no entry in Item F of the application and a review is made prior to the closing date, the county committee shall request the applicant to supply the information on or before the closing date. If the information is not supplied on or before the closing date, the application shall be transmitted to the office of the state crop insurance director with this space left blank.

If neither "investment" nor "yield-quality" is entered in Item F and the review is made after the closing date, the application shall be transmitted to the office of the state crop insurance director with this space left blank.

- c. If the signature of the applicant is omitted, the applicant himself must sign the application on or before the closing date.

If the signature of the applicant is incomplete, the county committee shall request the applicant to complete the signature before the closing date or within 15 days after written notice has been sent to the applicant whichever is the later. Form FCI-2 shall not be used to obtain the signature of the applicant for the application, but may be used to complete a signature appearing on the application. In reviewing applications the county committee shall give special attention to signatures affixed in a representative capacity in order that it may be sure these signatures are affixed in accordance with instructions set forth in Section III, F and that the person signing has authority to act in the capacity indicated. Written evidence of such authority must be on file in the county office or county courthouse.

### 3. Certification and Recommendation

If an application appears to be acceptable after the review is made, a member of the county committee shall so indicate by signing the application and entering the date in the space provided.

If the county committee does not recommend acceptance of the application, the certification by the county committee shall not be executed. In all such cases, a statement of all facts, together with the committee's recommendation, shall be prepared on Form FCI-6 and attached to the application.

All applications, whether or not they are recommended for acceptance, shall be forwarded promptly to the state director, in accordance with Section IV of this procedure. Applications temporarily suspended by the committee shall be handled in accordance with the applicable parts of Sections IV and V of this procedure.

In no case shall the application be released to the applicant after it is filed with the county committee. If, however, an applicant wishes to withdraw his offer prior to acceptance of the application by the state director, a record should be made of such request in the county office and the request which must be in writing shall be sent to the state director immediately.

Where this procedure does not cover an individual meritorious case, the county committee should submit the case to the state director in accordance with General Procedure 4.

#### Section IV. TRANSMITTAL OF APPLICATION

##### A. Preparing the Transmittal Sheet (Form FCI-15)

A separately numbered series of transmittal sheets shall be used to transmit applications for the 1950 crop year and for the 1951 crop year.

In counties where both plans of insurance are offered, separate transmittals shall be prepared for applications for investment insurance and for yield-quality insurance.

1. Enter the state and county code.
2. Enter "Forms FCI-012" following the words "Transmittal of."
3. No entries shall be made in the space provided for "price card serial number" and "Basic market or area."
4. Insert the word "Tobacco" in the space provided for the name of the commodity. Applications for any other commodity shall not be included on a Form FCI-15 being prepared for tobacco.
5. Enter the transmittal number which shall be assigned consecutively to each sheet beginning with number 1.
6. Enter the date of preparation of the transmittal.
7. Enter in column (A) in numerical order the application number shown at the top of the application.

Applications suspended for any reason and temporarily held in the county office shall be listed in their regular sequence and in the regular manner on the Form FCI-15. A line shall then be drawn through the data on Form FCI-15 for those applications and the word "Suspended" shall be entered in the "Remarks" column.

Applications which are not recommended for acceptance shall be listed in their regular sequence and in the regular manner on Form FCI-15. For all these cases, the words "Form FCI-6 attached" shall be placed in the "Remarks" column.

8. Enter in column (B) the number of insurance units covered by the application. After the minimum requirement for tobacco in the county has been met, further entries in column (B) may be discontinued.

9. Enter in column (C) the name of the applicant.
10. No entry shall be made in columns (E), (F), or (G).
11. Enter in column (H) the notations as required in item 7 above and any other remarks the county committee deems advisable.
12. A member of the county committee or an authorized representative of the county committee shall sign Form FCI-15 in the space provided.

B. Transmittal of Applications Which are not Suspended

The original and state office copy of the Form FCI-15 together with all copies of the application, shall be forwarded to the office of the state crop insurance director promptly after being reviewed. The county office copy of Form FCI-15 shall be filed.

C. Transmittal of Suspended Applications

When a suspended application is cleared by the county committee, or it is determined that the suspended application cannot be cleared, the application shall immediately be listed in the regular manner on a Form FCI-15 plainly marked "Supplemental" in the space provided for the transmittal number. Where it is determined that a suspended application cannot be cleared, the county committee shall attach to the application a statement of facts and its recommendations of Form FCI-6. No transmittal sheet number shall be assigned to the Form FCI-15 used for transmitting applications which previously had been suspended. As a cross-reference, the county committee shall insert in the column headed "Remarks" on "Supplemental" Forms FCI-15 the transmittal sheet number upon which the application was originally listed.

Section V. CORRECTING, REVISING, OR SUPPLEMENTING ENTRIES ON THE APPLICATION BY THE USE OF FORM FCI-2, "AGREEMENT"

A. Changes Requiring Approval of Applicant

Form FCI-2, "Agreement", may be used to correct or complete an incorrect or incomplete signature on the application but in no case shall it be used to obtain the signature of the applicant for the application.

B. Changes that may be made by the County Committee

After applications are transmitted to the state director, the county committee may find it necessary to correct, revise, or supplement entries appearing thereon which do not require the approval of the applicant. Such changes should be accomplished through the use of Form FCI-2.

C. Substitution of Insured

If an applicant for insurance or the insured dies or is judicially declared incompetent during the period beginning fifteen days before the closing date and ending when tobacco planting is begun, whoever succeeds him (with the right to plant the tobacco crop as his heir(s), administrator, executor, committee or conservator) may be substituted for the original applicant or the insured for the ensuing crop year only upon filing with the county office within the time limit set forth below a request that

such substitution be made. Such requests shall be filed on Form FCI-2 within 15 days after the date of death or judicial declaration or before the beginning of planting, whichever is earlier, and shall include an agreement to assume the obligation of the original applicant or the insured arising out of the contract.

D. Preparation of the Form FCI-2, "Agreement"

1. The heading and paragraph 1 are self-explanatory and should be completed in every case.
2. Enter in paragraph 2 the form number and title of the application.
3. In paragraph 2 in the space provided enter the correction or revision that is to be made, together with the reasons therefor. Reference should be made to the specific item(s) being corrected or revised.
4. The signature of the insured shall be obtained in paragraph 2 for those cases requiring his approval and the date of the signature shall be entered.
5. A member of the county committee shall recommend acceptance by entering the date and affixing his signature in paragraph 3.
6. Paragraphs 4 and 5 are for the use of the Corporation.
7. Enter a check mark (✓) in paragraph 6 to indicate the office originating Form FCI-2.

E. Transmittal of Agreement

Forms FCI-2 transmitted by the county committee to the state director after the applications have been forwarded shall be listed on Form FCI-15 prepared in the regular manner, except that the words "Forms FCI-2" shall be shown in the space provided for transmittal number and no transmittal number shall be assigned to Form FCI-15.

Section VI. DISTRIBUTION OF FORMS

A. Form FCI-2, "Agreement"

When Form FCI-2 relating to an application for insurance is originated by the county committee, all copies except the originating office copy shall be forwarded to the state director. All copies of Form FCI-2 prepared by the state director which require county committee recommendation shall be forwarded to the county office. Upon obtaining such recommendation, Form FCI-2 shall be returned to the state director. Upon receipt of the approved county office copy from the state office, it shall be attached to the related copy of the contract on file in the county office. The state office will forward the insured's copy of Form FCI-2 to him.

B. Form FCI-6, "Statement of Facts"

When Form FCI-6 relating to an application for insurance is originated by the county committee, the original and first copy shall be forwarded to the state director. The second copy shall be retained in the county office.

C. Form FCI-012-T, "Application for Tobacco Crop Insurance"

All copies of all applications shall be forwarded to the state director who will make distribution as follows:

1. Original - to the branch office.
2. State office copy - filed in the state office.
3. County office copy - to the county office.
4. Insured's copy - to him, together with his policy.

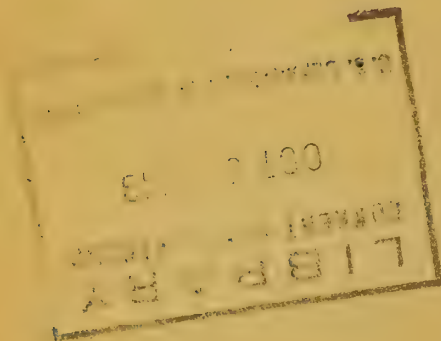
D. Form FCI-15, "Transmittal Sheet"

1. The original and the state office copy of Form FCI-15, together with all the related applications listed thereon, and attachments, if any, shall be transmitted daily (or at least weekly) to the state director.
2. The county office copy of Form FCI-15 shall be retained in the county office files.

E. Form FCI-20, "Collateral Assignment"

After the county office has received its copy of the accepted application and has approved Form FCI-20:

1. On the following Monday, the original and the state office copy shall be forwarded to the state director.
2. The assignor shall be furnished his copy.
3. The assignee shall be furnished his copy.
4. The county office copy shall be retained in the county office and filed with the related contract.

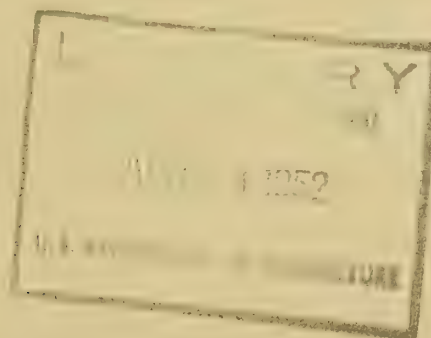


FCI - COUNTY PROCEDURE MANUAL

PART III

MULTIPLE CROP - COUNTY ACREAGE REPORT PROCEDURE FOR 1952  
AND SUCCEEDING CROP YEARS

|   | <u>Table of Contents</u> | Page |
|---|--------------------------|------|
| SECTION I. General  |                          |      |
| A. Form Provided for Obtaining Acreage Reports.....                     |                          | 1    |
| B. Method of Reporting Acreage and Related Data.....                    |                          | 1    |
| C. Statement of Facts.....  |                          | 2    |
| SECTION II. Preparing and Handling Form 119                             |                          |      |
| A. Obtaining Acreage Reports.....                                       |                          | 3    |
| B. County Office Preliminary Operations.....                            |                          | 4    |
| C. Instructions to Insured Regarding Entries to be Made by Him.....     |                          | 4    |
| D. Signature of Person Assisting the Insured in Preparing Form 119..... |                          | 6    |
| E. Unsigned Acreage Reports.....  |                          | 6    |
| SECTION III. Review and Completion of Forms 119                         |                          |      |
| A. Review.....  |                          | 7    |
| B. Completion and Computation of Premium.....                           |                          | 8    |
| C. Verification of Computations.....                                    |                          | 11   |
| D. Certification.....   |                          | 11   |
| SECTION IV. Supplemental Acreage Reports and Revision of Insurance Data |                          |      |
| A. Supplemental Acreage Reports.....                                    |                          | 11   |
| B. Revision of Insurance Data.....                                      |                          | 11   |
| C. Revision of Premium Where Five Percent Discount was Obtained.....    |                          | 13   |
| SECTION V. Transmittal and Distribution of Forms 119                    |                          |      |
| A. Time and Manner of Transmittal.....                                  |                          | 13   |
| B. Transmittal of "Supplemental" Forms 119.....                         |                          | 14   |
| C. Transmittal of "Revised" Forms 119.....                              |                          | 14   |
| D. Distribution of Forms.....   |                          | 14   |
| E. State Office Exceptions to Forms 119.....                            |                          | 14   |





# FCI - COUNTY PROCEDURE MANUAL

## PART III

### MULTIPLE CROP - COUNTY ACREAGE REPORT PROCEDURE FOR 1952 AND SUCCEEDING CROP YEARS

#### FOREWORD

In order to operate a sound county insurance program and for the Corporation to better service the contracts, it is necessary that acreage reports be submitted by the insureds very soon after planting is completed. In some instances it will be necessary to ask the insured to file his acreage report before all his planting is completed.

Well in advance of the discount date a letter or card should be mailed to the insureds who have not submitted acreage reports reminding them to submit their acreage reports as soon as possible. This reminder should be followed up at intervals. Full use should be made of news stories, radio, and other means to remind insureds to file their acreage reports.

County office personnel should take advantage of every opportunity to obtain acreage reports when the insureds make personal calls at the county office for any reason. This not only saves the county committee time and money but may save the insureds the necessity of making special trips to the county office to make their acreage reports.

This procedure is prepared for continuous use. However, it is recognized that the need for changes will probably arise which will necessitate a revision of or a supplement to this procedure. Your constructive criticism of this procedure and suggestions for improvement are invited. Suggestions based on your experience with acreage report work will be valuable aids in future revisions of the procedure.

#### SECTION I. GENERAL

##### A. Form Provided for Obtaining Acreage Reports

1. A four-part Rediform set Form FCI-119-M, "Multiple Crop Insurance Acreage Report", (herein called "Form 119") is provided for filing an acreage report.
2. Instructions for entering data on Form 119 appear on the reverse side of the insured's copy of the form.

##### B. Method of Reporting Acreage and Related Data

1. It should be clearly understood that the insurance data to be entered on Form 119 constitute the insured's report. All of this information shall be entered by the insured, or furnished by him and entered by the person taking the report. If entered by the person taking the report the information entered shall be read to the insured and fully understood by him before his signature is obtained. Adherence to this policy will avoid cases of misunderstanding and disagreement with the report at a later date. In no case shall the insured sign the report in blank.

The name and location or the legal description of each farm as shown on the acreage report will be used in determining the location of the acreage which the insured intended to report, in the event of a controversy at a later date. Therefore, it is important that the location of each farm be furnished by the insured.

2. The insured shall be informed as to what land constitutes an insurance unit under his contract and that the insurance unit is the basis for payment of any indemnity. Premiums are computed separately for each insurance unit.

If the insured elected to have a combination insurance unit for the crop year, he should be informed he has only one insurance unit. If this election was not made, he should be fully informed of the applicable of the following provisions which describe his insurance unit(s):

- a. For an owner-operator all insurable acreage in the county in which he has 100 percent interest at the time of planting plus any acreage owned by him and worked for him by sharecroppers at the time of planting is one insurance unit. It should be remembered that the share in a crop is not a sufficient guide to identify sharecroppers. Any person who shares in the crop and works the crop with workstock and equipment furnished by another person is a sharecropper.
- b. For a landlord all insurable acreage in the county which is owned by him and rented to one share tenant at the time of planting is one insurance unit.
- c. For a share tenant all insurable acreage in the county which is owned by one person and operated by the share tenant at the time of planting is one insurance unit. "Operated by the share tenant" includes operations with his own labor, wage hands or sharecroppers or any combination.
- d. For a sharecropper all insurable acreage in the county which is owned by one person and worked by a sharecropper at the time of planting is one insurance unit.

Note: See rider to policy for definition of time of planting for crops other than annual crops.

In case of land rented for cash or for a fixed commodity payment the lessee shall be considered as the owner. An insured may have one or more insurance units as a landlord or owner-operator and he may also work additional land as a share tenant. It is important that information regarding the acreage which constitutes an insurance unit as it applies to his operation be clearly understood by the insured and by the person assisting him so that the Form 119 will show in columns (1) through (6) the information necessary for proper designation of insurance units.

### C. Statement of Facts

Wherever Form FCI-6, "Statement of Facts", (herein called "Form 6") is prepared either by an adjuster or by the county committee, the information entered thereon shall be a full statement of the facts in the case which shall include a complete description and the date of all efforts made and the steps taken to

get the facts, and all available information which will help to explain the case. Where the statement relates to a revised acreage report it should contain information as to how the case came to the attention of the county committee. Any such statement should be clear and complete enough that a person not familiar with the case could, from the information given, decide the case on its merits and to provide an adequate record should a controversy arise at a later date as to the amount of the premium or the amount of any indemnity.

## SECTION II. PREPARING AND HANDLING FORM 119

### A. Obtaining Acreage Reports

Acreage reports should be obtained by (1) requesting the insureds to come to the county office and file their acreage reports or (2) a visit to the farm. The person taking the report under either method should be familiar with this procedure and the insurance contract including the rider for the policy. All acreage reports must be submitted by the date set for completing acreage report work in each state.

1. Well in advance of the discount date each insured should be reminded by card or letter that (a) his acreage report should be filed as soon as he has completed the planting of all his insured crops, and (b) by filing his acreage report and paying the premium in full by the discount date he will get a five percent discount for early payment of premium. He should also be informed that if he will not complete planting sufficiently early, he may report any such late planted crops on the basis of his intentions to plant.

County office personnel should take advantage of every opportunity to obtain acreage reports when insureds visit the county office for any purpose. Acreages will be reported by the insureds on an estimated basis except that whenever acreage measurements are available they should be used. Full use should be made of the provision for reporting insured crops on an intended planting basis whenever a late planting of a crop will delay the filing of an acreage report so late that the insured might not be eligible for the five percent discount.

Follow-up letters or cards should be mailed at intervals to the insured producers who have not filed acreage reports. These should be reminders to the insureds that the acreage reports must be filed and the premiums paid in full by the discount date in order for insureds to get the five percent discount for early payment of premiums. Copies of letters should be filed in the insured's folder.

2. County committee representatives who visit farms for any purpose should obtain acreage reports at the time of the visit unless the reports have already been obtained. If it becomes evident that all acreage reports cannot be obtained by the discount date by requesting the insureds to come to the county office, the county committee should send representatives to the farms to obtain the acreage reports.

It is important that all acreage reports be obtained by the discount date so that the Corporation can bill insureds promptly after the maturity date where the premium has not already been paid.

3. Forms 119 for absentee landlords should be obtained in a manner deemed by the county committee to be most satisfactory.
4. Forms 119 which are found to be incomplete or incorrect shall be completed or corrected, as the case may be, by requesting the insured to come to the county office, by correspondence with the insured, or where necessary by a visit to the farm.

#### B. County Office Preliminary Operations

Before the work of obtaining acreage reports is begun, a Form 119 shall be prepared for each contract as follows:

1. Complete the heading, which is self-explanatory. (The contract number must properly identify the first year of the contract; i.e., 47-CO2-1-42. In this case the number "1" indicates that 1951 was the first year of the contract.) If the address of the insured is not the same as that shown on the contract the notation "note change of address" shall be entered in the space provided for "Remarks".

In every case the proper notation shall be entered in the space provided at the top of the form to indicate whether the contract is on a combination unit basis.

2. When there is insufficient space to record on one Form 119 the data for all farms covered by the contract, additional Forms 119 shall be prepared and identified in the heading as provided above. In such cases all Forms 119 for the contract shall be further identified in the heading with the notation "Page \_\_\_\_ of \_\_\_\_ pages".
3. Check inspection reports for acreage(s) released. If acreage(s) have been released, enter in the remarks section the name of the crop and acreage released together with the name and location of the farm. At the time the acreage report is filed this information should be recorded in the appropriate columns with the information for any other crops reported.

#### C. Instructions to Insured Regarding Entries to be Made by Him

1. Form 119 should be prepared in accordance with the instructions set forth on the reverse side of the insured's copy. (The county committee may request additional information or may furnish further instructions to the insured at the time the acreage report is obtained.)
2. Form 119 should include data by farms for all insured crops in which the insured has an interest in the county at the time of planting and his share therein as of the time of planting. (See rider to policy for definition of time of planting for crops other than annual crops.) In addition to the

planted acreage of all insured crops any acreage of an insured crop which is to be planted after the acreage report is submitted shall be reported in the usual manner. A notation shall be made in the "Remarks" section properly identifying such acreage as "intended" acreage.

3. If any insured acreage is released before the acreage report is submitted such acreage of the insured crop shall be included in the acreage report. If the released acreage is planted to a substitute insurable crop in time to expect a normal crop to be produced, the acreage of the substitute crop will also be included in the acreage report. (i.e. if 20 acres of an insured crop is released and a substitute insured crop is planted on the same acreage, the acreage of each of these crops on the acreage report should include this 20 acres.)
4. In any case where an insured crop is harvested and the acreage is later planted to another insured crop the acreage should be included on the acreage report for both crops. For example, if an oat crop is harvested and the acreage is later planted to corn, the acreage for both oats and corn should be included on the acreage report provided both crops are insurable.
5. If all or any part of any insured crop is transferred to another person after planting, the acreage report should be completed and signed without regard to the transfer. In such cases the insured shall furnish the county committee with the name and address of each person to whom any of the crop(s) was transferred and the number of acres and the share in the crop(s) transferred to each such person. In addition, both the transferee and transferor should contact the county office promptly and execute Form FCI-21-Revised, "Transfer of Interest" in accordance with instructions set forth in General Procedure 8, Revised.
6. Separate lines should be used to report the acreage of each insured crop on each part of the farm when (a) the insured had different shares in the crop on parts of the farm at the time of planting, (b) the acreage is located in different coverage and rate areas, (c) different farming practices (S.F. - C.C - I. - N.I. where such practices have been established for the county) have been followed on parts of the acreage, or (d) different tenants or landlords share in the crop. For each acreage where a designated farming practice has been followed, it shall be identified by entering the proper symbol(s) to the left of the acreage in column 3 of the acreage report.  
  
(Where the insured shares in the crop with sharecroppers, the total of such acreage and the word "sharecroppers" may be entered on one line or the acreage of each sharecropper and his name may be entered on separate lines.)
7. In any case where the insured shares in only a part of the insured acreage on a farm, the location of his acreage on the farm shall be entered in column 1 in addition to the location or description of the farm.

8. In counties where an acreage is insurable only when a specified farming practice has been followed, only the acreage on which the specified farming practice has been followed shall be reported in column 3. In addition in such cases the acreage on which the specified farming practice has not been followed shall be reported and properly identified in the space provided for "Remarks" and by a sketch map where necessary.
9. In cases where any insurable crop was planted (a) for purposes other than those defined as being insurable under the contract, such as wheat planted for pasture, oats planted for hay, etc., or (b) on an acreage to which insurance does not attach as defined in the contract, such as an acreage planted too late to expect a normal crop, etc., this information shall be entered and the acreage identified by farms in the space provided for "Remarks" on the acreage report and by a sketch map where necessary.
10. If the insured did not share in any insured crop on any farm in the county at the time of planting, the word "none" shall be entered in one of the lines above the signature of the insured. In addition, where all or any part of the acreage of an insurable crop was planted but was destroyed at a time that it was practical to replant but the acreage was not replanted, this information shall be entered in the space provided for "Remarks". In either of these cases the insured shall sign and date the form.

D. Signature of person Assisting the Insured in Preparing Form 119

The person who obtains the Form 119 shall enter the date and affix his signature in the space provided.

E. Unsigned Acreage Reports

Unsigned acreage reports should be held to a minimum. Only after every reasonable effort has been made to secure the signature of the insured should the acreage report be prepared and transmitted to the state director unsigned. The contract does permit the Corporation to determine the acreage and the interest to be insured. Whenever this determination has to be made, a member of the county committee or its representative shall establish the acreage and interest of the insured by a visit to the farm. In such cases the acreages should be measured if possible and the interest in the crop determined from reliable sources, (e.g. leases, deeds, other persons interested in the crop, current records, etc.) It is important that these determinations be as accurate as possible since there may be a later controversy regarding the case. Whenever these determinations are made, a Form 119 should be prepared, certified by a member of the county committee and forwarded to the state director together with Form 6 setting forth (1) the condition of the crops, (2) the method(s) used in determining the acreages and interests, (3) efforts made to obtain signature, and (4) all other information pertinent to the case.

In cases where the insured does not file Form 119 and neither he nor any acreage of the insured crops in which he has an interest in the county can be located after a reasonable effort has been made, a Form 119 showing no acreage

planted shall be prepared and transmitted to the state director together with Form 6 in the usual manner. In such cases the state director may elect to declare the insured acreage to be "zero".

### SECTION III. REVIEW AND COMPLETION OF FORMS 119

#### A. Review

1. Each Form 119 shall be examined to determine that it contains adequate data for each farm on which the insured is known to have a share in an insured crop and that the acreage(s) of insured crop(s) reported by the insured is all of the acreage in which he has a share on each farm covered by the contract, and that all entries appear to be correct and reasonable. In making this examination if it is found that (a) any acreage which is reported on Form 119 by the insured is unclassified or (b) the crop is uninsurable because, for example, it was (1) planted too late to expect a normal crop to be produced or, (2) planted for purposes other than those defined as being insurable under the contract or, (3) planted on irrigated land the first year after leveling, a line shall be drawn through the entries in columns 1 through 7 for such acreage. The insured shall be notified by letter of the description of the acreage and the reason such acreage is not insured. The insured shall also be informed that the production from this acreage will not be considered in any manner under the contract provided he keeps the production on such acreage separate from that of the insured acreage.
2. The following review of Form 119 shall be performed:
  - a. Determine that the heading of the form is complete. It is important that the contract number be verified to determine that it properly identified the first crop year of the contract (i.e., 47-002-1-42).
  - b. Determine that the entries in column 1 are adequate to identify the farm (or applicable part thereof where different coverages or premium rates apply to parts of the farm). Determine that each entry in column 1 describes only one farm, or part thereof. (The farm will be that land generally considered as a farm in the community.) Where separate lines are not used to show the proper breakdown of data for different acreages in accordance with Section II, C, 6, a new Form 119 shall be obtained showing the necessary information for all acreage covered by the contract.
  - c. For those crops for which the rider specifies a minimum acreage which will be insured, delete the acreage in cases where the total of all acreage for an insurance unit is less than the smallest acreage to be insured. For all other crops delete acreages where the total for an insurance unit will round to "zero" in computing the coverage and premium. For example: four tenths acre for corn.

- d. Determine that a share has been entered in column 4 for each acreage shown in column 3. If the share entered in column 4, for an acreage shown in column 3 is less than 100 percent, determine that the name of the other person(s) sharing the acreage (or the notation "Sharecroppers" where applicable) has been entered in column 5 and that the appropriate symbol has been entered in column 6 indicating the tenure of the other person sharing in the acreage.
- e. An insurance unit number shall be entered on each line in column 7 to show which acreage(s) constitute each insurance unit. In case of a combination insurance unit, enter "1" on each line since there is only one insurance unit.
- f. Determine that Form 119 has been dated and signed by the insured and that the signature agrees with the name in the heading. If it does not agree and the signature is that of a legal representative, the difference shall be fully explained in the space provided for "Remarks" or a Form 6 shall be prepared and attached.

Where the signature of the insured varies from the way his name is shown in the heading of the form, a statement that the person signing is the same person whose name appears in the heading shall be entered in the space provided for "Remarks".

Where the signature of the insured cannot be obtained, such as in cases where the insured has disappeared, a statement of the facts shall be entered in the space provided for "Remarks" or Form 6 shall be prepared and attached. Where Form FCI-21-Revised, "Transfer of Interest" has been prepared it shall be attached to the Form 119.

where

In each case where an investigation is deemed necessary, the person making the investigation shall prepare Form 6 which shall be attached to Form 119. Where the investigation reveals that the insured under-reported the acreage or the share in the crop, or failed to report one or more insurance units, the case shall be handled under the procedure contained in Subsection B of Section IV.

## B. Completion and Computation of Premium

After Form 119 has been reviewed and is found to be complete and acceptable it shall be completed as follows:

Columns 8, 9, 10, 11, and 12 shall be completed for each insurance unit and the unit properly designated in the space provided. If more space is needed, use additional Forms 119 and identify each page as "Page \_\_\_\_\_ of \_\_\_\_\_ pages".

In connection with any computation, rounding shall be performed as follows: Carry the computations one digit beyond the digit to be rounded. If the extra digit is 5 or larger, round upward; if the extra digit is 4 or smaller disregard it.

Column 8: Enter the names of the crops for the insurance unit.

If a crop on the insurance unit is entered on more than one line in Column 2 and the insured has the same share in all the acreage of the crop on that unit, the name of the crop shall be entered on only one line in Column 8 and the acreages shall be combined and the results rounded to the unit shown on Form FCI-36 to determine the coverage. (See example #1.)

If the insured has different shares in Column 4 for parts of the acreage of a crop on the insurance unit, the name of the crop shall be entered on as many consecutive lines in Column 8 as the insured has different shares in the crop on the insurance unit. Leave the next line blank for use in Columns (11) and (12). Continue listing the remaining crops in the regular manner. (See example #2.)

See supplemental instructions if the county has more than one coverage and rate area or if separate coverages have been established in the county for different approved farming practices.

Column 9: For each crop shown in Column 8, enter on the correspondingly numbered line in Column 9 the number of the coverage and rate area in which the acreage, as shown in Column 3, is located on the crop insurance map approved for that crop year. Since the area in which an acreage is located determines the premium and coverage for an insurance unit, it is very important to determine that the acreage is insurable and that the correct area number is entered in this column.

At the time the area number is entered on the acreage report, a dot shall be entered on the "Map of Crop Insurance Experience" showing the approximate location of each insurance unit shown on the acreage report in accordance with instructions contained in Supplement #2 to "FCI County Procedure Manual, Part I - County Actuarial Procedure, Section V - Map of Crop Insurance Experience". In the case of a landlord and tenant(s) on the same insurance unit, a dot shall be entered for each insured.

Column 10: Make no entry in this column in those cases where the insured's share in the crop is one of the shares shown on Form FCI-36, "FCIC Coverage Table".

In cases where the insured's share in the crop is not one of those shown on the coverage table, enter in Column 10 the gross coverage for the crop. For acreages from 1 to 100 inclusive, the gross coverage for the crop can be read from the coverage table under the "All" column. For acreages in excess of 100, the gross coverage can be determined by combining the coverage, read from the "All" column, for 100 acres as many times as is necessary, with the coverage read from the same column for the acreage in excess thereof.

For example: The coverage for 237 acres would be obtained by reading from the "All" column of the appropriate coverage table the coverage for 100 acres, doubling that amount, and adding thereto the coverage read from the "All" column for 37 acres.

The acreage to be used in determining the gross coverage in these cases will be that acreage of the crop shown in Column (3) and will be rounded to units shown for the crop in Column 1 of FCI-36.

In cases where it is necessary to enter the gross coverage, as indicated above, the full coverage (harvested stage) shall be entered in all cases even though some of the acreage may be released and planted to a substitute crop. The full coverage is used so that proper credit for diversification will be given in all cases.

Column 11: Enter the insured's coverage as read from the applicable column of the FCIC Coverage Table for the total acreage for the insurance unit (rounded as shown on Form FCI-36) and share of the crop as shown in Columns (3) and (4). In cases where the acreage of the crop is in excess of 100 acres, the insured's coverage will be obtained from the applicable column of the coverage table in the same manner as indicated in instructions in Column 10 above for determining the gross coverage for large acreages.

In those cases where the insured's share in the crop is one not shown on the coverage table, the entry for Column (11) will be obtained by multiplying the entry in Column (10) for that crop by the insured's share in such acreage as shown in Column (4). Each such entry in Column 11 shall be rounded to whole dollars in accordance with Section III, B, paragraph 1, hereof.

If the insured's coverage for a crop is entered on more than one line in this column, enter the sum of the coverages for the crop in the next succeeding line and encircle the individual coverages for the crop. Enter the total of the unencircled coverages for all crops in the space provided for the total. (See example #2.)

Column 12: Enter the premium for each crop as determined from the actuarial tables. If a crop has been entered on more than one line because the insured has different shares in the acreages on parts of the insurance unit, enter the premium on the same line as the insured's total coverage for the crop. (See example #2.) (For counties having more than one coverage and rate area or separate coverages for different farming practices, supplemental instructions for determining premiums for these special cases will be issued.)

Item A: If the county premium rates have not been increased because of excess deficit, enter the total premium for the contract.

If the county has a premium increase for excess deficit, enter in the space immediately below Item C the total premium for the contract, followed by a multiplication sign, and the county factor (1 plus the premium increase for excess deficit), an equal sign, and the result obtained by multiplying the total premium by the county factor; Example  $\$45.00 \times 1.30 = \$58.50$ . The resulting increased premium entered in the blank space below Item C will be entered in Item A.

If the insured is eligible for the 25 percent discount for seven continuous years of participation without a loss for which an indemnity was paid, enter the words "7 years" immediately following the words "insured's premium". In such case the total premium for the contract will be 75 percent of what it would otherwise be.

Item B: If the premium is paid in full on or before the discount date, enter 95% of item A.

Item C: Enter the date the premium was paid.

C. Verification of Computations

After all entries required above have been made on Form 119, they shall be checked for accuracy. Any corrections shall be made by drawing a line through the incorrect entry and entering the correct figure.

D. Certification

A representative of the county office shall certify to the correctness and completeness of the data appearing on Form 119 by signing in the space provided. The date of the signature shall be entered at that time.

SECTION IV. SUPPLEMENTAL ACREAGE REPORTS AND REVISIONS OF INSURANCE DATA

A. Supplemental Acreage Reports

If, after the acreage report is submitted, an acreage of an insured crop is released for planting to a substitute insurable crop, the adjuster must determine whether it is still time for the substitute crop to produce a normal crop. If so, a "supplemental" acreage report shall be prepared by the adjuster at the time he releases the acreage for the substitute crop. The notation "Supplemental - Substitute crop" shall be entered in the blank space at the top of the form. A "Supplemental" acreage report shall be considered as a part of the original report and not as a revised acreage report. In these cases the premium for the unit(s) involved and the total premium for the contract shall be recomputed and entered on the "Supplemental" acreage report. The premium for the insurance unit(s) involved and the total premium for the contract as shown on the original acreage report shall be circled and the notation "see supplemental acreage report" entered. All "Supplemental" acreage reports should be signed by the insured.

B. Revision of Insurance Data

In any case where a revised acreage report is prepared as set forth below, it shall contain correct data in place of the incorrect data plus all data shown on the original report which are not being changed and data which are being added.

1. Due to the fact that several crops will generally be shown on a multiple crop insurance acreage report, the volume of revisions could easily become cumbersome unless considerable judgment is exercised in handling requests for revisions.

Set forth below are three general principles which should be employed by county offices in connection with the problems of revisions.

- a. Revisions requested to effect minor changes should be discouraged.
- b. Revisions requested by the insured to effect a material decrease in premium for any insurance unit as the result of acceptable measurements of all crops should be made in all cases. If the insured wants

to have crops measured, he shall deposit with the county office the estimated cost of making such measurements.

- c. Revisions which would materially increase the premium for any insurance unit should be handled as follows:

- (1) If the insured requests a revision of his acreage report which would materially increase the premium for any insurance unit, the county committee should prepare and forward to the state director a Form FCI-6 setting forth all pertinent facts, including the amount of the change in acreage or interest by insured crops and the increase in premium for the insurance unit. It is possible that a decrease in acreage or interest may increase the premium.
- (2) Even though the insured does not request any revision, if it is determined that the insured may have intentionally under-reported, the county committee should prepare Form 6 setting forth all pertinent facts and submit the original and one copy of the Form 6 to the State Director for his consideration.

Where the state director determines that further investigation is necessary, he will assign the case to an adjuster for inspection and the preparation of a report and where applicable the preparation of a revised acreage report. If a revised acreage report is obtained the adjuster should inform the insured of the effect of the revision. Depending upon the facts the state director may recommend any of these cases for approval or rejection.

2. Revisions requested by the insured by the discount date to change the insurance data for intended acreage as shown on his original acreage report shall be made by preparing a "revised" acreage report. If upon reviewing the case the county committee finds that the requested revision is reasonable, it shall make the notation "revised to correct intended planting" in the heading of the form and transmit it to the state director for his consideration. State directors in these cases may make inspections where they believe it advisable to do so.

The acreage for any crop on an insurance unit which was originally reported as part planted acreage and part intended acreage will not be decreased in these cases below what was originally reported as planted acreage except as provided for in 1. c above, but may be increased to conform with the insured's report of actual plantings of the crop.

In any case of this kind, where the requested revision appears to be unreasonable in any respect, the county committee shall prepare and attach a complete statement of facts on Form FCI-6 to the acreage report at the time it is transmitted to the state director for his consideration and investigation.

3. If a Form 119 is submitted by an insured producer before it is too late to replant an insured crop in the area, and he later states in writing that any part of the acreage originally reported by him as planted to the insured crop was put to other use before it was too late to replant or was destroyed or substantially destroyed before it was too late to replant and such acreage was not replanted to the same crop, a revised Form 119 may be submitted provided his statement is determined to be correct. This determination must be accomplished by inspection of the insurance unit. If, upon inspection, the statement of the insured is found to be correct and the number of acres of the insured crop remaining for harvest on the land in question appears to be consistent with the number of acres stated by the insured as his revised report of his acreage on such land, a Form 119 shall be prepared in the regular manner and the word "revised" entered in the heading. In these cases, a Form 6 setting forth all pertinent information shall be prepared, dated and signed by the county committee or Corporation representative making the inspection, and attached to the revised Form 119.

C. Revision of Premium Where Five Percent Discount was Obtained

If the cash premium computed on the basis of a revised or supplemental acreage report exceeds the total cash premium shown on the previous acreage report, the insured may obtain the five percent discount on the amount due by paying the additional premium (less five percent) at the time the revised or supplemental acreage report is filed. If he does not pay the additional amount at this time, and if the revised or supplemental acreage report is otherwise acceptable to the branch office, the insured will be notified (by the branch office) of the extra amount due and allowed 20 days or until the discount date, whichever is later, in which to pay this additional amount of the premium. If the insured does not pay the additional amount of his premium he will not be allowed the five percent discount on any of his annual premium and will be billed for his total premium less the amount previously paid.

SECTION V. TRANSMITTAL AND DISTRIBUTION OF FORMS 119

A. Time and Manner of Transmittal

Transmittal of completed Forms 119 shall be made currently in full transmittals, but at least once each week. The completed Forms 119 shall be listed on Form FCI-15-Revised, "Transmittal of \_\_\_\_\_", (herein called "Form 15"). Form FCI-15-Revised shall be prepared in accordance with instructions printed on the reverse side of the form.

As provided in the instructions on the reverse side of Form 15, separate transmittals shall be prepared for Forms 119 which are filed by the insureds on or before the discount date. In no case should these Forms 119 be listed on the same Form 15 listing Form 119 filed by the insured after the discount date.

B. Transmittal of "Supplemental" Forms 119

Supplemental Forms 119 shall be handled in accordance with the procedure for "revised" forms set forth in subsection C below except that the Form 15 for supplemental reports shall be identified by the notation "Supplemental - Substitute Crop" in the heading. Revised and supplemental forms should be transmitted on separate Forms 15.

C. Transmittal of "Revised" Forms 119

1. When the Form 119 originally submitted by the insured has been transmitted to the state director and a "revised" Form 119 is prepared, the "revised" Form 119 shall be listed in the regular manner on a Form 15 marked "supplemental" in the space provided for transmittal number. No transmittal number shall be assigned to Form 15 for such cases.
2. As a cross reference, enter in column (F) of the "Supplemental" Form 15 the transmittal number assigned to the Form 15 upon which the original Form 119 was transmitted.

D. Distribution of Forms

1. The branch office and state office copies of Forms 15 and 119 and any related statements of fact shall be forwarded to the state office.
2. The county office copy of Forms 15 and 119 and a copy of any related statements of fact shall be retained in the county office.
3. If the insured has not been furnished his copy of Form 119, it shall be forwarded to him.

E. State Office Exceptions to Forms 119

Any errors on the Forms 119 listed on a transmittal will be noted on a schedule of exceptions prepared by the state office, a copy of which will be sent to the county office. When the county office receives the copy of the schedule of exceptions, the county office copy of the related Form(s) 119 shall be corrected accordingly.

UNITED STATES DEPARTMENT OF AGRICULTURE  
Federal Crop Insurance CorporationBudget Bureau Approval  
No. 40-R-1411.3  
Approval expires July 31, 1953195 2  
(Crop Year)*Example No. 1*  
**MULTIPLE CROP INSURANCE ACREAGE REPORT***Yes*

(Comb. Unit. (Yes or No))

*John Doe*

(Name of Insured)

*92-023-1-106*

(State and County Code and Contract Number)

*Rt. 2 Vale, Ore.*

(Address of Insured)

*Malheur*

(Name of County)

**INFORMATION TO BE ENTERED BY INSURED**

(See back of this form for detailed instructions)

My actual and intended acreage(s) of the insurable crops covered by my insurance contract in the above county, and my share(s) at the time of planting for the above crop year are set forth in the table below. This table also includes a description of the farm(s) on which these crops are or will be located.

| Name and Location or the Legal Description of Farm<br>(1) | Name of Crop<br>(2) | Total Acres of Crop in which I share on Farm<br>(3) | My Share (All, 1/2, 1/4, etc.)<br>(4) | Name of Person who Shares in Crop with Me (or "Sharecropper" may be entered if applicable)<br>(5) | Tenure of Person Listed in Col. 5<br>(6) | Insurance Unit No.<br>(7) |
|---|---------------------|---|---------------------------------------|---|--|---------------------------|
| <i>SW 1/4 SE 1/4, Sec. 10 T25S R1E</i>                    | <i>Barley</i>       | <i>10.5</i>   | <i>All</i>                            |   |  | <i>1</i>                  |
| <i>SW 1/4 SW 1/4 " " " "</i>                              | <i>Barley</i>       | <i>12.3</i>   | <i>"</i>                              |   |  | <i>1</i>                  |
| <i>" " " " " "</i>  | <i>Wheat</i>        | <i>15.0</i>   | <i>"</i>                              |   |  | <i>1</i>                  |
| <i>SW 1/4 SE 1/4 " " " "</i>                              | <i>Oats</i>         | <i>20.0</i>   | <i>"</i>                              |   |  | <i>1</i>                  |
|   |                     |   |                                       |   |  |                           |
|   |                     |   |                                       |   |  |                           |
|   |                     |   |                                       |   |  |                           |
|   |                     |   |                                       |   |  |                           |

Remarks:

I certify that the information contained above is correct and complete. If this report includes intended acreage(s) it is understood and agreed that unless I file an acreage report by the discount date correcting such intended acreage(s) the information shown above will be considered my report of my planted acreage(s).

*May 10*

(Date)

*, 195 2*

Sign Here

*/s/ John Doe*

(Signature of Insured)

A. Insured's Premium ..... *\$ 43.15*C. Date of Premium Payment *5/10*, 195 *2*B. Discounted Premium (95% of A) ..... *\$ 40.99***COMPUTATION OF PREMIUM**

| Insurance Unit No. |                 |                        |  |                 | Insurance Unit No. |                 |                        |  |                 |
|--------------------|-----------------|------------------------|--|-----------------|--------------------|-----------------|------------------------|--|-----------------|
| Crop<br>(8)        | Area No.<br>(9) | Gross Coverage<br>(10) | Insured's Coverage<br>(Col. 10 x Col. 4)<br>(11) | Premium<br>(12) | Crop<br>(8)        | Area No.<br>(9) | Gross Coverage<br>(10) | Insured's Coverage<br>(Col. 10 x Col. 4)<br>(11) | Premium<br>(12) |
| <i>Barley</i>      | <i>1</i>        |                        | <i>5.52</i>                                      | <i>15.40</i>    |                    |                 |                        |  |                 |
| <i>Wheat</i>       | <i>1</i>        |                        | <i>6.08</i>                                      | <i>23.40</i>    |                    |                 |                        |  |                 |
| <i>Oats</i>        | <i>1</i>        |                        | <i>2.75</i>                                      | <i>4.35</i>     |                    |                 |                        |  |                 |
|                    |                 |                        |  |                 |                    |                 |                        |  |                 |
|                    |                 |                        |  |                 |                    |                 |                        |  |                 |
|                    |                 |                        |  |                 |                    |                 |                        |  |                 |
|                    |                 |                        |  |                 |                    |                 |                        |  |                 |
|                    |                 |                        |  |                 |                    |                 |                        |  |                 |
| Total              | XXX             | XXX                    | <i>14.35</i>                                     | <i>43.15</i>    | XXX                | XXX             | XXX                    |  |                 |

I certify that, to the best of my knowledge and belief, the above data are correct and complete and that this form has been prepared in accordance with existing procedure.

(Person Assisting Insured)

(Date)

195

(County Office Representative)

(Date)

195

**BRANCH OFFICE COPY**



UNITED STATES DEPARTMENT OF AGRICULTURE  
Federal Crop Insurance CorporationBudget Bureau Approval  
No. 40-R-1411.3  
Approval expires July 31, 1953195 2  
(Crop Year)*Example No. 2*  
MULTIPLE CROP INSURANCE ACREAGE REPORTYes  
(Cont. Unit. (Yes or No))John Doe  
(Name of Insured)92-023-1-106  
(State and County Code and Contract Number)Rt. 2, Vale, Ore.  
(Address of Insured)Malheur  
(Name of County)

## INFORMATION TO BE ENTERED BY INSURED

(See back of this form for detailed instructions)

My actual and intended acreage(s) of the insurable crops covered by my insurance contract in the above county, and my share(s) at the time of planting for the above crop year are set forth in the table below. This table also includes a description of the farm(s) on which these crops are or will be located.

| Name and Location or the Legal Description of Farm<br>(1) | Name of Crop<br>(2) | Total Acres of Crop in which I share on Farm<br>(3) | My Share (All, 1/2, 1/4, etc.)<br>(4) | Name of Person who Shares in Crop with Me (or "Sharecropper" may be entered if applicable)<br>(5) | Tenure of Person Listed in Col. 5<br>(6) | Insurance Unit No.<br>(7) |
|---|---------------------|---|---------------------------------------|---|--|---------------------------|
| SW 1/4 SE 1/4, Sec. 10 T25S R1E                           | Barley              | 10.5  | 1/2                                   | Richard Roe   |  | 1                         |
| SW 1/4 SW 1/4, " " " "                                    | Barley              | 12.3  | All                                   |   |  | 1                         |
| " " " " " "   | Wheat               | 15.0  | All                                   |   |  | 1                         |
| SW 1/4 SE 1/4 " " " "                                     | Oats                | 20.0  | 1/6                                   | J. Roe Estate   |  | 1                         |
|   |                     |   |                                       |   |  |                           |
|   |                     |   |                                       |   |  |                           |
|   |                     |   |                                       |   |  |                           |
|   |                     |   |                                       |   |  |                           |

Remarks:

I certify that the information contained above is correct and complete. If this report includes intended acreage(s) it is understood and agreed that unless I file an acreage report by the discount date correcting such intended acreage(s) the information shown above will be considered my report of my planted acreage(s).

May 10  
(Date)195 2Sign Here /s/ John Doe  
(Signature of Insured)A. Insured's Premium ..... \$ 39.65C. Date of Premium Payment 5/10, 195 2B. Discounted Premium (95% of A) ..... \$ 37.67

## COMPUTATION OF PREMIUM

| Insurance Unit No. |                 |                        |  |                 | Insurance Unit No. |                 |                        |  |                 |
|--------------------|-----------------|------------------------|--|-----------------|--------------------|-----------------|------------------------|--|-----------------|
| Crop<br>(8)        | Area No.<br>(9) | Gross Coverage<br>(10) | Insured's Coverage<br>(Col. 10 x Col. 4)<br>(11) | Premium<br>(12) | Crop<br>(8)        | Area No.<br>(9) | Gross Coverage<br>(10) | Insured's Coverage<br>(Col. 10 x Col. 4)<br>(11) | Premium<br>(12) |
| Barley             | 1               |                        | 132  |                 |                    |                 |                        |  |                 |
| Barley             | 1               |                        | 288  |                 |                    |                 |                        |  |                 |
|                    |                 |                        | 420  | 11.20           |                    |                 |                        |  |                 |
| Wheat              | 1               |                        | 608  | 28.08           |                    |                 |                        |  |                 |
| Oats               | 1               | 275                    | 46   | .37             |                    |                 |                        |  |                 |
|                    |                 |                        |  |                 |                    |                 |                        |  |                 |
|                    |                 |                        |  |                 |                    |                 |                        |  |                 |
| Total              | XXX             | XXX                    | 1074   | 39.65           | XXX                | XXX             | XXX                    |  |                 |

I certify that, to the best of my knowledge and belief, the above data are correct and complete and that this form has been prepared in accordance with existing procedure.

(Person Assisting Insured)

(Date)

195

(County Office Representative)

(Date)

195

BRANCH OFFICE COPY



FCI - COUNTY PROCEDURE MANUAL

PART III - WHEAT AND FLAX COUNTY ACREAGE REPORT  
PROCEDURE FOR 1953 AND SUCCEEDING CROP YEARS

TABLE OF CONTENTS

Page

SECTION I - General

|  |   |
|--|---|
| A. Form Provided for Obtaining Acreage Report.....             | 1 |
| B. Method of Reporting Acreage and Related Insurance Data..... | 1 |
| C. Statement of Facts.....                                     | 2 |

SECTION II - Preparing and Handling Form 19

|  |   |
|--|---|
| A. General.....  | 3 |
| B. Preliminary Operations.....                                       | 3 |
| C. Obtaining Acreage Reports.....                                    | 3 |
| D. Instructions Regarding Entries to be Made on Form 19.....         | 5 |
| E. Review of Form 19 with the Insured.....                           | 7 |
| F. Signature of Person Assisting the Insured in Preparing Form 19... | 7 |
| G. Unsigned Acreage Reports.....                                     | 7 |

SECTION III - Review and Completion of Form 19

|                    |   |
|--------------------|---|
| A. Review.....     | 9 |
| B. Completion..... | 9 |

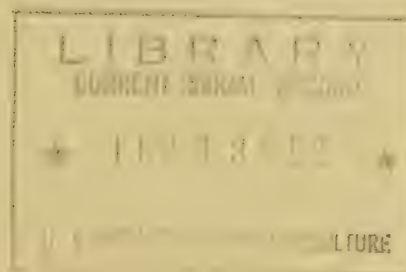
SECTION IV - Computation of Annual Premium - Verification and Certification

SECTION V - Revision of Insurance Data

|  |    |
|--|----|
| A. Correction of Data Entered by County Office on Form 19.....       | 12 |
| B. Requests for Revision of Basic Insurance Data Shown on Form 19... | 13 |
| C. Revision of Premium Where Five Percent Discount was Obtained..... | 14 |

SECTION VI - Transmittal and Distribution of Forms 19

|   |    |
|---|----|
| A. Time and Manner of Transmittal.....      | 14 |
| B. Transmittal of "Revised" Forms 19.....   | 14 |
| C. Distribution of Forms.....               | 15 |
| D. State Office Exceptions to Forms 19..... | 15 |





September 12, 1952

FCI - COUNTY PROCEDURE MANUAL

WHEAT AND FLAX - COUNTY ACREAGE REPORT PROCEDURE FOR  
1953 AND SUCCEEDING CROP YEARS

PART III

SECTION I. GENERAL

In order to operate a sound county insurance program and for the Corporation to better service the contracts, it is necessary that acreage reports be submitted by the insureds very soon after planting is completed.

Well in advance of the discount date a letter or card should be mailed to the insureds who have not submitted acreage reports, reminding them to submit their acreage reports as soon as possible. This reminder should be followed up at intervals. Full use should be made of news stories, radio, and other means to remind insureds to file their acreage reports.

County office personnel should use every opportunity to obtain acreage reports when the insureds make personal calls at the county office for any reason. This not only saves the county committee time and money but may save the insureds the necessity of making special trips to the county office to make their acreage reports.

This procedure is prepared for continuous use. However, it is recognized that the need for changes may arise which will necessitate a revision of or a supplement to this procedure. Your constructive criticism of this procedure and suggestions for improvement are invited. Suggestions based on your experience with acreage report work will be valuable aids in future revisions of the procedure.

A. Form Provided for Obtaining Acreage Report

1. A four-part "Rediform-set", Form FCI-219, "     Crop Insurance Acreage Report," (herein called Form 19) is provided for the insured's use in filing his acreage report.
2. Instructions to the insured for entering data on Form 19 in usual cases appear on the reverse side of the insured's copy of Form 19.

B. Method of Reporting Acreage and Related Insurance Data

1. It should be clearly understood that the insurance data to be entered on the acreage report constitutes the insured's report. All of this information shall be entered by the insured, or furnished by the insured and entered by the person taking the report. If entered by the person taking the report the information entered shall be read to the insured and fully understood by him before his signature is obtained. Adherence to this policy will avoid cases of misunderstanding and disagreement with the report at a later date. In no case shall the insured sign the report in blank.

The name and location or the legal description of each farm as shown on the acreage report will be used by the county office to determine the coverage and rate area in which the farm is located on the crop insurance map and by the Corporation in determining the location of the acreage which the insured intended to report. Therefore, it is important that the location of each farm be furnished by the insured and, wherever possible, that the location given be verified by use of maps. Where the crop insurance map is used in determining the location of the farm the area number shall be entered at that time on the applicable line in column 7 of the acreage report.

2. The insured shall be informed as to what land constitutes an insurance unit under his contract and that the insurance unit is the basis for payment of any indemnity. Premiums are computed separately for each insurance unit.

If the insured elected to have a combination insurance unit for the crop year in the case of wheat, he should be informed he has only one insurance unit; otherwise each insured should be fully informed of the applicable of the following provisions which describe his insurance unit(s):

- a. For an owner-operator all insurable acreage in the county in which he has 100 percent interest at the time of seeding is one insurance unit. (An insured could have only one unit of this type.)
- b. For a landlord all insurable acreage in the county which is owned by him and rented to one tenant at the time of seeding is one insurance unit. (A landlord would have as many units of this type as he has share tenants.)
- c. For a tenant all insurable acreage in the county which is owned by one person and operated by the tenant at the time of seeding is one insurance unit. (A share tenant would have as many units of this type as he has landlords.)

In case of land rented for cash or for a fixed commodity payment the lessee is considered the owner. In some cases an insured may have an insurance unit as a landlord or as an owner-operator and in addition he may work additional land as a tenant. It is important that this information regarding the acreage which constitutes an insurance unit as it applies to his operation be clearly understood by the insured and the person assisting him so that the Form 19 will show in columns (1) through (5) the information necessary for entering the proper insurance unit number(s) in column 6.

#### C. Statement of Facts

Whenever Form FCI-6, "Statement of Facts," (herein called Form 6) is prepared, the information entered thereon shall be a full statement of the facts in the case and shall include a complete description and the dates of the efforts made and the steps taken to get the facts, and all available information which will help to explain the case.

When the statement relates to a revised acreage report it should contain information as to how and when the case came to the attention of the county committee. Any such statement should be clear and complete enough that a person not familiar with the case could decide the case on its merits and to provide an adequate record should the case at a later time involve a controversy as to the amount of the premium or the amount of any indemnity.

## SECTION II. PREPARING AND HANDLING FORM 19

### A. General

As soon as possible after seeding of the insured crop is generally completed in the county, the insured shall be requested to file an acreage report showing the seeded acreage and related data for each insurance unit (by farms) covered by his contract. The state committee will inform county committees of the date by which this work must be completed. Work should be so arranged that all acreage reports are submitted to the state director not later than December 31 (March 31 for California) in counties where only winter wheat is insured or not later than June 30 in counties where spring wheat or flax is insured.

### B. Preliminary Operations

Before the work of obtaining acreage reports is begun, a Form 19 shall be prepared by the county office for each insurance contract as follows:

1. Complete the heading of each form. Enter the name of the insured crop in the space provided in the title of the form "\_\_\_\_ Crop Insurance Acreage Report." The contract number must properly identify the first year of the contract (i.e. for a contract beginning in 1949, 41-014-2-56; for a contract beginning in 1950, 41-014-0-56). If the address of the insured is not the same as that shown on the contract, the notation "note change of address" shall be entered in the space for "Remarks".
2. When there is insufficient space to record on one Form 19 the data for all farms covered by the contract, additional Forms 19 shall be prepared and identified in the heading as provided above. In such cases all Forms 19 for the contract shall be further identified in the heading with the notation "Page \_\_\_\_ of \_\_\_\_ pages." The total acreage seeded to the insured crop should be entered on the first form only in such cases.

### C. Obtaining Acreage Reports

Acreage reports should be obtained by (1) requesting the insureds to come to the county office and file their acreage reports or (2) a visit to the farm.

1. All acreage reports must be submitted by the date set for completing acreage report work in each state. Paragraphs (a) and (b) below should be used as a guide in setting these dates.

#### (a) Counties where Only Winter Wheat is Insured

All winter wheat acreage reports in these counties must be obtained by December 31 (March 31 in California) in order for the insured to be eligible for the five percent discount.

- (b) Counties where Spring Wheat or Flax is Insured, (including Counties where Winter Wheat and Spring Wheat are Insured.)

Only one acreage report is required for each contract.

1. If the insured seeds flax or spring wheat or seeds both spring and winter wheat, the acreage report shall be obtained immediately after spring seeding of the insured crop is generally completed in the county.
2. In cases where the insured seeds only winter wheat, an acreage report should be obtained after the seeding of winter wheat is completed and the notation "No spring wheat to be seeded" shall be entered in the space for remarks on the acreage report. These acreage reports shall be processed by the county office and forwarded to state directors currently.

In these counties the June 30 discount date will apply to all insureds.

2. Well in advance of the date by which the insured must file his acreage report to be eligible for the 5% discount each insured should be reminded by card or letter that (a) his acreage report should be filed as soon as he has completed seeding and (b) by filing his acreage report and paying the premium in full by the applicable date(s) he will get a five percent discount for early payment of premium.

County office personnel should take advantage of every opportunity to obtain acreage reports when insureds visit the county office. A prompt acreage report based on a careful estimate by the insured of his acreage is advantageous to the Corporation as well as to the insured.

Follow-up letters or cards should be mailed at intervals to the insured producers who have not filed acreage reports. These should be reminders to the insureds that the acreage reports must be filed and the premiums paid in full by the applicable dates in order for them to get the five percent discount for early payment of premiums.

3. County committee representatives who visit farms for any purpose should obtain acreage reports at the time of the visit unless the reports have already been obtained. If it becomes evident that all acreage reports cannot be obtained by the discount date by requesting the insureds to come to the county office, the county committee should send representatives to the farms to obtain the acreage reports.

It is important that all acreage reports be obtained by the discount date so that the Corporation can bill insureds promptly after the maturity date where the premium has not already been paid.

4. Forms 19 for absentee landlords should be obtained in a manner deemed by the county committee to be most satisfactory.

5. Forms 19 which are found to be incomplete or incorrect shall be completed or corrected, as the case may be, by requesting the insured to come to the county office, by correspondence with the insured, or where necessary by a visit to the farm.

D. Instructions Regarding Entries to be Made on Form 19

1. The address of the insured in the heading of the form should be verified and corrected where necessary.
2. The form should be prepared in accordance with the instructions set forth on the reverse side of the insured's copy. (The county committee may request additional information or may furnish further instructions at the time the report is obtained.)
3. All basic data required on Form 19 should be entered by the insured. If it is not practical for the insured to enter these data, it may be entered by the person assisting the insured in preparing the report.
4. The insured should report his acreage and his share therein as of the time of seeding. The acreage need not be measured but it should be reasonably accurate, since neither the acreage nor the share in the crop reported by the insured can be changed by him without the approval of the Corporation after the report is submitted.
5. The insured's estimate of the total acreage of the insured crop in the county in which he had an interest at the time of seeding must be shown in the space provided in the heading of the Form 19. It is very important that this figure be the insured's estimate and that it be made before any entries are made in the table. The purpose of this entry is to provide an overall estimate by the insured of his acreage and will serve as a check figure for county and state offices in verifying the acreage entries in column (3) of Form 19. By using the insured's estimate of total acreage in this manner omission of fields or entire farms should be eliminated. For this figure to accomplish the purpose for which it was intended it must be the insured's estimate and not merely a sum of the acreage figures entered in column (3) and in the remarks space of Form 19. In reviewing acreage reports if there is doubt that this entry is the insured's estimate, the case should be suspended and the entry verified. If the insured did not have a share in the insured crop in the county, the word "none" shall be entered in this space.
6. If all or a part of the insured crop was transferred to another person after seeding, the acreage report should be completed and signed without regard to the transfer. In such cases the insured should furnish the committee the name and address of each person to whom any of the crop was transferred and the number of acres and the share in the crop transferred to each such person. In addition, both the insured and transferee should contact the county office promptly and execute Form FCI-21-Revised, "Transfer of Interest", in accordance with instructions in General Procedure 8, Revised.

7. Separate lines should be used to report the acreage on each part of the farm when (1) the insured had different shares in the crop on parts of the farm at the time of seeding, (2) the acreage is located in different coverage and rate areas, (3) (applicable only to wheat) different farming practices (S. F. - C. C. - I. - N. I. - W.A.C. where such practices have been established for the county) have been followed on parts of the acreage, or (4) different tenants or landlords share in the crop. For each acreage where a designated farming practice has been followed, it shall be identified by entering the proper symbol(s) in column 2 of the acreage report. In the case of flax, column 2 shall be disregarded.
8. (Applicable only to wheat.) In counties where an acreage is insurable only when specified farming practices have been followed, only the acreage on which the specified farming practices have been followed or in the case of irrigation will be followed shall be reported in column 3. Any other acreage of wheat in which the insured has an interest shall be reported and properly identified in the space provided for "Remarks" and by a sketch map.

In estimating the wheat acreage which the insured is entitled to report for irrigated coverage consideration should be given to the maximum acreage which the insured has facilities to properly irrigate; expectations of irrigation water at the time of seeding; total acreage of other irrigated crops, source of water such as reservoirs, wells, streams, run-off, etc.; irrigation facilities such as organized projects with regularly maintained canals and ditches; unorganized projects, number and size of wells, number and size of pumps, etc.; type of irrigation such as flood, ditch, etc. The insured should understand that irrigated coverage under the contract is limited to the acreage for which he has facilities to irrigate, taking into consideration the acreage of other irrigated crops, and for which he can, at the time of seeding, reasonably expect sufficient water to irrigate.

9. (a) Wheat

In the following cases the acreage of wheat shall be identified by farms in the space provided for "Remarks" on the acreage report and by a sketch map where necessary where wheat was seeded (1) for purposes other than harvest as grain, (2) with a mixture of flax or other small grains, vetch, Austrian winter peas, dry edible peas, (3) on new ground acreage, (except in areas where such acreage is insured), (4) too late to expect to produce a normal crop, (5) on irrigated land the first year after being leveled, (6) with seed not adapted to the area, or (7) on unclassified land. Such uninsured acreages should not be included in column 3 of the acreage report but should be included in the estimate of the total acreage in the heading of the acreage report.

(b) Flax

In the following cases the acreage of flax shall be identified by farms in the space provided for "Remarks" on the acreage report and by a sketch map where necessary where flax (1) is volunteer or

self-seeded flax, (2) was seeded with any other crop except perennial grasses or legumes other than vetch, (3) was seeded for purposes other than harvest as seed, and (4) was seeded too late to expect to produce a normal crop. Such uninsured acreages should not be included in column 3 of the acreage report but should be included in the estimate of the total acreage in the heading of the acreage report.

10. The insured or his legal representative shall sign and date Form 19 in every case. Where more than one Form 19 is required to record all the farms under the contract, the insured or his legal representative should sign and date the last page.

Where an insured is requested to submit an acreage report by mail, the Form 19 mailed to him should be accompanied by a letter including all of the applicable information set forth above.

E. Review of Form 19 with the Insured

Before the signature of the insured is obtained Form 19 shall be completely reviewed with him to determine that (1) all entries have been made in accordance with instructions, (2) each farm (or part thereof) has been correctly described, (3) the insured's share in the crop has been entered correctly, (4) the information is sufficient to properly determine and identify the acreage included in each insurance unit, and (5) where irrigated coverage is provided, the insured should be informed that irrigated coverage does not attach until one irrigation, either preceding the seeding of the crop or during the growing season, is carried out.

It is important for the insured to fully understand, before he signs the acreage report certifying to the basic data thereon, that the information entered on the report constitutes his report and cannot be changed later without the approval of the Corporation.

F. Signature of Person Assisting the Insured in Preparing Form 19

The person who assists the insured in preparing Form 19 shall enter the date and affix his signature in the space provided.

G. Unsigned Acreage Reports

Unsigned acreage reports should be held to a minimum. Only after every reasonable effort has been made to secure the signature of the insured should the acreage report be prepared and transmitted to the state director unsigned. The contract permits the Corporation to determine the acreage and the interest to be insured. Whenever this determination has to be made, a member of the county committee or its representative shall establish the acreage and interest of the insured by a visit to the farm. In such cases the acreages should be measured if possible and the interest in the crop determined from reliable sources, (e.g. leases, deeds, other persons interested in the crop, current records, etc.). It is important that these determinations be as accurate as possible since there may be a later controversy regarding the case. Whenever these determinations are made, a Form 19 should be prepared, certified by a member of the county committee and forwarded to the state

director together with Form 6 setting forth (1) the reasons the insured did not report his acreage, (2) what efforts have been made previously to obtain the report, (3) the conditions of the crop, (4) the method(s) used in determining the acreages and interests and (5) all other information pertinent to the case.

In cases where an unsigned acreage report is submitted for an insured who will not have an interest in any acreage of the insured crop seeded in the county, the Form 19 should be certified by a member of the county committee and forwarded to the state director together with Form 6 setting forth (1) the basis for the information on the acreage report and (2) efforts made to contact the insured.

In cases where the insured does not file Form 19 and neither he nor any acreage of the insured crop in which he has an interest in the county can be located after a reasonable effort has been made, a Form 19 with the notation "Unable to locate insured or any acreage of the insured crop in which he shares in the county" shall be prepared and transmitted to the state director together with Form 6 in the usual manner. In such cases the state director may elect to declare the insured acreage to be "zero".

SECTION III. REVIEW AND COMPLETION OF FORM 19

A. Review

1. The Form 19 shall be carefully examined to determine (1) that it has been prepared in accordance with the instructions, (2) that it is complete, and (3) that all entries appear to be reasonable and include all the acreage of the insured crop in the county in which the insured is known to have had an interest at the time of seeding. If these requirements have not been met it may be necessary to re-contact the insured and obtain a correct acreage report.
2. In making the above examination, if it is found that no coverage has been established for all or a part of the acreage which is included in column 3, on Form 19, a line shall be drawn through the entries in columns (1) through (5) for such acreage and a statement indicating that the farm (or part thereof) has no coverage established for it, shall be written on the corresponding line beginning in column (7). In addition the insured shall be informed by letter of the description of the acreage for which no coverage was established and that such acreage is not insured. The insured shall also be informed that the production from this acreage will not be considered in any manner under the contract, provided the production from such acreage is kept separate from that of the insured acreage or records of such production, which are satisfactory to the Corporation, are maintained.
3. In cases where there is reason to doubt the correctness of the information shown on Form 19, the case should be investigated. Particular attention should be given to reports showing no acreage seeded.

In each case investigated Form FCI-6 shall be prepared and attached to Form 19. Where the investigation reveals that the insured under-reported the acreage, or the share in the crop, the case shall be referred to the state director for handling.

4. The signature of the insured on Form 19 must be checked carefully. If it does not agree with the name in the heading of Form 19 and is that of a legal representative, the difference shall be fully explained in the space provided for "Remarks", or on a Form 6. Where the signature varies from the way the name is shown in the heading of Form 19, a statement to the effect that the person signing is the same person whose name appears in the heading shall be entered in the space provided for "Remarks". Where the signature of the insured cannot be obtained, such as in cases where the insured has disappeared, the case shall be handled in accordance with Section II, Subsection "G" of this procedure. Where a transfer has occurred and Form FCI-21 Revised, "Transfer of Interest", has not been transmitted to the state director, it shall be attached to the Form 19.

B. Completion

1. After Form 19 has been reviewed and is found to be complete and acceptable with respect to the information submitted by the insured, it shall be completed as follows:

Column 6: For each acreage shown in column 3, enter in column 6 an insurance unit number: (i.e. 1, 2, 3, etc.) to show which acreage(s) constitute each insurance unit. Where more than one line has been used to report data for parts of an insurance unit, enter and identify in the space provided for "Remarks" the total number of acres in each such insurance unit. For example: Unit 2 - 100 acres.

Column 7: For each acreage shown in column 3, enter on the correspondingly numbered line in column 7 the number of the coverage and rate area in which the acreage is located on the crop insurance map approved for that crop year. Since the area in which an acreage is located determines the premium and coverage for an insurance unit, it is very important to determine that the acreage is insurable and that the correct area number is entered in this column.

At the time the area number is entered on the acreage report, a dot shall be entered on the "Map of Crop Insurance Experience" showing the approximate location of each insurance unit shown on the acreage report in accordance with instructions contained in Supplement #2 to "FCI County Procedure Manual, Part I - County Actuarial Procedure, Section V - Map of Crop Insurance Experience." In the case of a landlord and tenant(s) on the same insurance unit, a dot shall be entered for each insured.

Column 8: Enter in column 8, following each entry in column 7, the applicable premium rate per acre (in bushels), which shall be obtained from the county actuarial table approved for that crop year.

Column 12:

- a. In counties which are eligible for a premium discount for excess reserve, enter the excess reserve factor (i.e. 70 percent) in the heading of column 12 for each insured eligible for the discount. If the insured is not eligible for the discount, enter 100.
- b. In counties where a premium adjustment for excess deficit is in effect the excess deficit factor shall be entered in the space provided (i.e., If the premium adjustment for excess deficit is 15 percent, enter 115).
- c. In counties where there is no premium adjustment in effect, no entry should be made in this column.

#### SECTION IV. COMPUTATION OF THE ANNUAL PREMIUM

Where it becomes necessary to compute the premium in order to inform the insured of the amount of premium due, the following operations shall be performed:

1. Before any computations are made the insured's share in the crop as shown in column 4 shall be converted to a decimal fraction (if not already shown in this manner). For example:  $1/3 = .333$ ,  $1/2 = .50$ ,  $2/3 = .667$ .
2. In connection with any computation, rounding shall be performed as follows: Carry the computation one digit beyond the digit to be rounded. If the last digit is 5 or larger, round upward; if the last digit is 4 or smaller disregard it.

Column 9: For each acreage in column 3 enter the product of the following computations:

- (a) Multiply the acreage (column 3) by the insured's share in the crop (column 4) rounding the product to tenths of acres.
- (b) Multiply the product obtained in (a) above by the premium rate per acre (column 8). Round to tenths of bushels.

Column 10: For each acreage enter the applicable "size of acreage factor" for the insurance unit from the table below. Be sure that the "size of acreage factor" is determined on an insurance unit basis. If in the case of wheat the insured has elected a combination unit, the factor will be determined on the basis of the total acreage of wheat in which he shares:

| Acres         | Size of Acreage Factor | Acres          | Size of Acreage Factor |
|---------------|------------------------|----------------|------------------------|
| 0 - 24.9      | 100                    | 525.0 - 574.9  | 89                     |
| 25.0 - 74.9   | 99                     | 575.0 - 624.9  | 88                     |
| 75.0 - 124.9  | 98                     | 625.0 - 674.9  | 87                     |
| 125.0 - 174.9 | 97                     | 675.0 - 724.9  | 86                     |
| 175.0 - 224.9 | 96                     | 725.0 - 774.9  | 85                     |
| 225.0 - 274.9 | 95                     | 775.0 - 824.9  | 84                     |
| 275.0 - 324.9 | 94                     | 825.0 - 874.9  | 83                     |
| 325.0 - 374.9 | 93                     | 875.0 - 924.9  | 82                     |
| 375.0 - 424.9 | 92                     | 925.0 - 974.9  | 81                     |
| 425.0 - 474.9 | 91                     | 975.0 - and up | 80                     |
| 475.0 - 524.9 | 90                     |                |                        |

Column 11: Enter the product obtained by multiplying the entry in column 9 by the entry on the same line in column 10, rounding to tenths of bushels. (Where the entry in column 10 is 100 carry the entry in column 9 forward to column 11.)

Column 12: Enter in column 12 the result obtained by multiplying each entry in column 11 by the premium adjustment factor, if any, in the heading of column 12. If there is no premium adjustment factor, make no entry in column 12. Where computations are made in winter wheat counties before they are certain that they are eligible for the discount for excess reserves, it will be necessary to complete the computations of the premium without regard to the discount. In such cases the Branch Office will apply the discount when eligibility is determined and will adjust the insured's premium.

Column 13 and 14: These columns are self-explanatory and need be completed only when it is necessary to determine eligibility of the insured for a discount for good personal experience.

Item A: Enter the total premium (the applicable of line 6, column 11, or line 6, column 12).

Item B: If the insured is eligible for a reduction in premium for good individual experience, enter in item B the amount of the reduction determined in accordance with General Procedure 7 (Revised). Otherwise, enter a dash (-).

Item C: Subtract the entry in item B, if any, from the entry in item A and enter the result in item C.

Item D: Enter the fixed price per bushel.

Item E: Enter the product obtained by multiplying the entry in item D by the entry in item C.

Item F: Where the insured files his acreage report and also pays the premium for the contract in full by the date(s) prescribed in his contract, he shall be given a 5 percent discount of the premium computed above. In such cases, enter the amount of the discounted premium determined by multiplying the entry in item E by .95.

Item G: Enter the amount of premium paid.

Item H: Enter the date the premium was paid. (Item G and H need not be completed after Form 19 is transmitted.)

Item I: This item is for use of the State Crop Insurance Office and need not be completed by the county office.

#### Verification and Certification

Entries made on Form 19 in accordance with the above shall be checked for accuracy. Corrections shall be made by drawing a line through the incorrect entry and entering the correct data.

A representative of the county committee shall certify to the correctness and completeness of the data appearing on Form 19 by signing in the space provided. The date of such signature shall be entered.

#### SECTION V. REVISION OF INSURANCE DATA

##### A. Correction of Data Entered by County Office on Form 19

After a Form 19 has been transmitted to the state director it may be found that some of the data entered by the county office (Insurance unit number, area number, premium rate, computations, contract numbers, etc.) are incorrect. In such cases the county office shall prepare a Form 19 which shall be identical with the acreage report being revised except for correction of the data erroneously entered in the county office. An explanation of the change(s) made shall be entered in the space provided for "Remarks", or Form 6 may be prepared and attached. The word "Revised" shall be entered in the heading of the form. It will not be necessary to obtain the insured's signature for these cases; however, the form shall be dated and signed by a representative of the county committee. Cases involving changes in basic insurance data submitted by the insured shall be handled as set forth below.

B. Request for Revisions of Basic Insurance Data Shown on Form 19

If at any time after the insured has submitted an acreage report he requests a revision of any of the data shown on his Form 19, the case shall be handled in accordance with items 1, 2, 3, 4, and 5 below.

(In any case where a "Revised" acreage report is prepared, it shall be a complete corrected acreage report for the contract.)

1. Minor Revisions

Revisions requested to effect minor changes should be discouraged by the county committee.

2. Decrease in Acreage

- a. Revisions requested to effect a material decrease in the acreage for a unit already shown on Form 19 for the reason that a lesser acreage was planted on the unit may be made if the revision is supported by measurements. The insured shall deposit in advance with the county committee the estimated cost of the measurement and the amount of such deposit will not be refunded. A representative of the committee shall measure the acreage and if it is less than the reported acreage a "Revised" Form 19 shall be prepared in the regular manner. In addition Form 6 shall be prepared by the committee representative who measured the acreage and attached to the "Revised" Form 19.
- b. Where a Form 19 is submitted before it is too late to seed the insured crop in the area, and the insured later states in writing that any part of the acreage originally reported by him as seeded was destroyed at a time that it could be reseeded and such acreage was not reseeded, a representative of the committee shall investigate the case. The insurance unit shall be inspected and if the statement of the insured is found to be correct a "Revised" Form 19 shall be prepared in the regular manner. In addition, the committee representative shall prepare Form 6 which shall be attached to the "Revised" Form 19.

3. Increase in Acreage or Share, or Addition of Farm

With respect to increases in acreages or shares shown on the original Form 19, or the addition of a farm which is not shown on the original Form 19, it is the policy of the Corporation to accept such revisions only in cases where the crop has not been damaged. This approach to handling revisions of this nature is necessary in the operation of a sound county crop insurance program. It avoids the assumption of added liability in the county program in cases where losses are known to exist or where there is more than average likelihood of losses, and the increase in the cost of insurance protection in future years which may result from higher losses. Since the insured was in position to report the facts on his original acreage report, there is no justification for giving him the privilege of increasing his coverage after his crop is damaged.

Cases of the nature discussed above, which in the opinion of the county committee are significant and have merit, may be referred to the state director by the county committee through the use of Form 6. The Form 6 should set forth all the pertinent facts regarding the requested revision.

Where the state director determines that further investigation is necessary, he will assign the case to an adjuster for inspection and the preparation of a complete report of the case on Form 6, the preparation of an inspection report, and where applicable, the preparation of a "Revised" Form 19. If a "Revised" Form 19 is obtained, the adjuster should inform the insured of the effect of the revision and that the original acreage report will remain in effect unless the revised acreage report is accepted by the Corporation. Depending upon all the facts, the state director may recommend any of these cases for approval or rejection.

4. Any case not specifically covered above may be referred to the state director through the use of Form 6 setting forth all the facts.

C. Revision of Premium Where Five Percent Discount was Obtained

1. If the cash premium computed on the basis of a "Revised" Form 19 exceeds the total cash premium shown on the previous Form 19, the insured may obtain the five percent discount on the additional amount due by paying the additional premium (less 5 percent) at the time the "Revised" Form 19 is filed. If he does not pay the additional amount at this time, and if the "Revised" Form 19 is otherwise acceptable to the Branch Office, the insured will be notified (by the Branch Office) of the extra amount due and will be allowed 20 days or until the discount date, whichever is later, in which to pay the additional amount of his premium. If the insured does not pay the additional amount of his premium he will not be allowed the 5 percent discount on any of his annual premium and will be billed on or about the maturity date for his total premium less the amount previously paid.
2. If the cash premium computed on a "Revised" Form 19 is less than the total cash premium shown on the previous Form 19, the insured shall be informed that he is due a refund of the overpayment and will receive a refund.

SECTION VI. TRANSMITTAL AND DISTRIBUTION OF FORM 19

A. Time and Manner of Transmittal

Transmittal of completed Forms 19 shall be made currently, in full transmittals, if possible, but at least once each week. The completed Forms 19 shall be listed on Form FCI-15 Revised, "Transmittal of \_\_\_\_\_" (herein called "Form 15") as provided in the instructions on the reverse side of the form.

B. Transmittal of "Revised" Forms 19

1. If the Form 19 originally submitted by the insured has not been transmitted to the state director, the "Revised" Form 19 shall be attached to the original Form 19 submitted by the insured and transmitted therewith.

2. When the Form 19 originally submitted by the insured has been transmitted to the state director and a "Revised" Form 19 is prepared, the "Revised" Form 19 shall be listed in the regular manner on a Form 15 marked "Supplemental" in the space provided for transmittal number and transmitted as soon as possible. No transmittal number shall be assigned to Form 15 for such cases.

C. Distribution of Forms

1. The branch office and state office copies of Forms 15 and 19 and the original and first carbon of Form 6 shall be forwarded to the state office.
2. The county office copy of Forms 15 and 19 and the second copy of Form 6 shall be retained in the county office.
3. If the insured has not been furnished his copy of Form 19, it shall be forwarded to him.

D. State Office Exceptions to Form 19

Any errors on the Forms 19 listed on a transmittal will be noted on a schedule of exceptions prepared by the state office, which will be sent to the county office. When the county office receives the copy of the schedule of exceptions, the related Form(s) 19 shall be corrected accordingly.

